 **MEDICATION ADMINISTRATION CHART**

**Buprenorphine (BUVIDAL® injection)**

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| *Please complete fields below or affix pharmacy label* | *Please complete fields below or affix patient label* |

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| **Pharmacy:** |  | **Family Name:** |  | |
| **Address:** |  | **Given Name(s):** |  | |
| **Phone:** |  | **Patient ID:** |  | |
| **Fax:** |  | **Date of Birth** |  | **Gender:** |

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| **Year:** |  |  | **Doctor:** |  |

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| Date  (d/m/y) | Rx Dose (mg) | Duration (monthly/weekly/top-up) | Pharmacist Signature | Time | Injection next due (d/m/y) | Notes/Rx Expiry | Paid | Client’s Signature |
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| **END OF SHEET SUMMARY (for payment)** | | ***Patient status*** *(please tick):* | | □ Ongoing patient | | □ New patient | | □ Ceased dosing |
| Total no. doses June: | Last dose June: | | Total no. doses November | | Last dose November | | Pharmacist signature: | |
|  | ***mg*** | |  | | ***mg*** | |  | |