Tasmanian Government

MEDICATION ADMINISTRATION CHART

Buprenorphine (BUVIDAL® injection)

TASMANIAN HEALTH SERVICE

Please complete fields below or affix pharmacy label

Pharmacy:

Address:

Phone:

Fax:

Please complete fields below or affix patient label

Family Name:

Given Name(s):

Patient ID:

Date of Birth **Gender:**

Year:			**Doctor:**	

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

END OF SHEET SUMMARY (for payment) ***Patient status*** *(please tick):* ○ Ongoing patient ○ New patient ○ Ceased dosing

Total no. doses June:	Last dose June: ***mg***	Total no. doses November	Last dose November ***mg***	Pharmacist signature: