

**MEDICATION ADMINISTRATION CHART**  
**Methadone Syrup (5mg/mL)**

*Please complete fields below or affix pharmacy label*

*Please complete fields below or affix patient label*

<b>Pharmacy:</b> ..... <b>Address:</b> ..... <b>Phone:</b> ..... <b>Fax:</b> .....	<b>Family Name:</b> ..... <b>Given Name(s):</b> ..... <b>Patient ID:</b> ..... <b>Date of Birth</b> ..... <b>Gender:</b> .....
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<b>Month:</b>		<b>Year:</b>		<b>TAD/week:</b>		<b>Doctor:</b>	
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Date	Day	Daily Dose (mg)	Daily Vol (mL)	Dose type (R/TAD)	Weekly TAD No.	Pharm Initial	Paid	Notes/Rx Expiry	Time	Client's Signature
1 <sup>st</sup>										
2 <sup>nd</sup>										
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29 <sup>th</sup>										
30 <sup>th</sup>										
31 <sup>st</sup>										

<b>END OF MONTH SUMMARY (for payment)</b>		<b>Patient status (please tick):</b> <input type="radio"/> Ongoing patient <input type="radio"/> New patient <input type="radio"/> Ceased dosing			
Total no. doses:	Last daily dose of month:	Total no. TAD:	Total no. missed doses:	Pharmacist signature:	
	<i>mg</i>				