OPIOID PHARMACOTHERAPY COMMUNITY PHARMACY PROGRAM

MONTHLY SUMMARY REPORT AND COVER SHEET

 $\textit{Methadone Syrup-Methadone Liquid - Buprenorphine Subutex}^{\texttt{\$}} - \textit{Suboxone}^{\texttt{\$}} - \textit{Long-Acting Injectable Buprenorphine}^{\texttt{\$}}$

PHARMACY DETAILS		(AFFIX PHARMACY LABEL HERE)				
Pharmacy Name:						
Address	s: 					
Phone:		Fax:				
REPOR'	TING PERIOD					
Month:		Year:				
CLIENT SUMMARY						
Drug* (refer key)	Client first name	Client Surname	Total no. of Doses	Last dose for month (mg)	No. of Take Away Doses	No. missed doses
*Drug Kev	: M = Methadone Syrub ML = Methadone I	Liquid – Biodone Forte B = Bubrenorthine Subutex S = Subayone	B LAB = Long-acting init	ectable Buvidal [®] I AS =	Long-acting injectable Sub	locade [®]
*Drug Key: M = Methadone Syrup ML = Methadone Liquid - Biodone Forte B = Buprenorphine Subutex [®] S = Suboxone [®] LAB = Long-acting injectable Buvidal [®] LAS = Long-acting injectable Sublocade [®]						
PHARMACY AUTHORISATION Pharmacy Name:						
Pharmacy Name: Signature:						
	Date:					

NOTE: This report must be submitted to the Pharmaceutical Services Branch bi-annually when requested. **Completed forms** to be faxed to **03 6173 0820** or scanned and emailed to pharmserv@health.tas.gov.au



