

MONTHLY SUMMARY REPORT AND COVER SHEET

Methadone Syrup – Methadone Liquid - Buprenorphine Subutex[®] - Suboxone[®] - Long-Acting Injectable Buprenorphine[®]

PHARMACY DETAILS

(AFFIX PHARMACY LABEL HERE)

Pharmacy Name: _____

Address: _____

Phone: _____ Fax: _____

REPORTING 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 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: _____

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

