

**BUPRENORPHINE  
MEDICATION ADMINISTRATION CHART  
TASMANIAN OPIOID PHARMACOTHERAPY PROGRAM**

PHARMACY: .....			
CLIENT'S NAME: .....			
CLIENT'S ADDRESS: .....			
YEAR:.....	MONTH:.....	REG No: BM.....BW.....	DOCTOR:.....
SCRIPT NUMBER:.....		PRESCRIPTION EXPIRY:.....	DOSE ROUTINE/DAYS:.....

DATE	DAY	TOTAL DAILY DOSE MG	TABLET STRENGTH			PHARM INITIALS	TIME	COMMENTS	CLIENT SIGNATURE
			0.4mg	2mg	8mg				
1									
2									
3									
4									
5									
6									
7									
8									
9									
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25									
26									
27									
28									
29									
30									
31									

TOTAL NUMBER OF TABLETS.....(CODE.....) .....(CODE.....).....(CODE.....)
ENTER THIS DATA IN NARCOTIC REGISTER & PATIENT TOTAL DAILY DOSE/DOSE PERIOD IN COMPUTER

*This form is part of the Methadone Narcotic Substances Register and must be filed in a binder and retained for a period of two years.*