B2

BUPRENORPHINE
CLIENTS' DAILY SHEET
TASMANIAN OPIOID PHARMACOTHERAPHY PROGRAM

Pharmacy: ……………………………………………..   Date: ……./……./…….

NAME	TOTAL DAILY DOSE MG	TABLET STRENGTH		
		0.4mg	2mg	8mg

TOTAL NUMBER OF TABLETS ……….. (CODE …………) ….….…. (CODE …………) ………… (CODE ……..….)

ENTER THIS DATA IN NARCOTIC REGISTER AND 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.