

CONFIDENTIAL



Tasmania
DEPARTMENT of
HEALTH and HUMAN
SERVICES

**NOTICE OF DRUG DEPENDENCY AND APPLICATION FOR AN
AUTHORITY TO ADMINISTER, PRESCRIBE OR SUPPLY
BUPRENORPHINE/ METHADONE FOR OPIOID PHARMACOTHERAPY
Under Section 59E Poisons Act 1971**

TICK DATA AS APPROPRIATE PLEASE USE BLOCK LETTERS
ATTACH CERTIFIED PHOTO TO APPLICATION

REG NO: _____

I, Dr	State Reg. No (Office Use)
Postcode:	
Telephone number:	Fax number:
certify that this patient is suffering from drug dependency and, in my opinion, buprenorphine/methadone is required in support of treatment and buprenorphine/methadone will be administered in accordance with the relevant clinical guidelines.	
Please indicate whether treatment is for Maintenance: methadone <input type="checkbox"/> Maintenance: buprenorphine <input type="checkbox"/> Withdrawal: (buprenorphine only) <input type="checkbox"/> Maintenance: buprenorphine/naloxone <input type="checkbox"/>	
PATIENT'S NAME <small>(FAMILY NAME) (GIVEN)</small>	<small>(ALIAS)</small>
Patient's Address: (Full Residential Address)	
Postcode:	
Mother's Maiden Name:	
Date of Birth:	Gender: Male / Female <small>(circle appropriate one)</small>
Height: cm	
Usual Occupation:	Working: <input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Date of First Dose:	Anticipated Date of Last Dose:
Name of Pharmacy Administering buprenorphine/methadone Under Supervision:.....	
Name of Treatment Facility for Buprenorphine Withdrawal	<input type="checkbox"/> In Patient <input type="checkbox"/> Out patient
Name of former prescriber: <small>(leave blank if there is no former prescriber)</small>	
If prior Buprenorphine/Methadone Maintenance: <small>(leave blank if there is no prior Buprenorphine/Methadone maintenance)</small>	Age when first registered: years, and Date of last dose of Buprenorphine/Methadone :
Grounds for drug dependency: Iatrogenic <input type="checkbox"/> Illicit <input type="checkbox"/> IVDU Y / N (circle)	
Drug(s) involved: (please circle) Other specify	
Anamorph	Dilaudid tablets/injections
Kapanol	methadone syrup
Norspan	Ordine
pethidine	Sevredol
Durogesic	Morphine injections
Oxycontin	Subutex
Endone	MS Contin
Oxynorm liquid/capsules	Temgesic
Heroin	MS Mono
Physeptone	
Signature of medical practitioner:	Date:

All correspondence marked "Confidential"
 To: Secretary, Attention Pharmaceutical Services, DHHS, GPO Box 125 HOBART TAS 7001
 For further information contact: Pharmaceutical Services Branch Tel. (03) 6233 2064 Fax. (03) 6233 3904