

MEDICATION ADMINISTRATION CHART

Buprenorphine (SUBUTEX® TABLET)

Please complete fields below or affix pharmacy label

Please complete fields below or affix patient label

Pharmacy: _____ Address: _____ Phone: _____ Fax: _____	Family Name: _____ Given Name(s): _____ Client TOPP #: _____ Date of Birth: _____ Sex: _____
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Month: _____	Year: _____	TAD/week: _____	Doctor: _____
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Date	Day	Daily Dose (mg)	Tab. Strength			Dose type (R/TAD)	Weekly TAD No	Pharm Initial	Paid	Notes/Rx Expiry	Time	Client's Signature
			0.4 mg	2.0 mg	8.0 mg							
1 st												
2 nd												
3 rd												
4 th												
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28 th												
29 th												
30 th												
31 st												

END OF MONTH SUMMARY (for payment) **Patient status (please tick):** Ongoing patient New patient Ceased dosing

Total no. Bupe. Doses:	Last daily dose of month: mg	Total no. TAD:	Total no. missed doses:	Pharmacist signature:
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