



**CONFIDENTIAL**

**REG NO: .....**

**NOTICE OF CHANGE OF  
METHADONE/BUPRENORPHINE/SUBOXONE/SUBUTEX PRESCRIBING**

DETAILS MUST BE COMPLETED **LEGIBLY** TO PREVENT DELAY

TICK DATA AS APPROPRIATE: (PLEASE USE BLOCK LETTERS)

I,	
OF:	
POSTCODE: 7008	
TELEPHONE NUMBER: <b>(03)</b>	FAX NUMBER: <b>(03)</b>
NOTIFY THAT THIS PATIENT HAS CHANGED TREATMENT WITH METHADONE/BUPRENORPHINE/SUBOXONE/SUBUTEX	
PATIENT'S NAME:	
(FAMILY NAME)	(GIVEN NAME(S))
PATIENT'S ADDRESS:	
(FULL <u>RESIDENTIAL</u> ADDRESS)	
POSTCODE 7	
PATIENT PREVIOUSLY TREATED WITH:	PATIENT TREATED WITH:
<input type="checkbox"/> METHADONE <input type="checkbox"/> BUPRENORPHINE MAINTENANCE <input type="checkbox"/> BUPRENORPHINE WITHDRAWAL <input type="checkbox"/> BUPRENORPHINE/NALOXONE	<input type="checkbox"/> METHADONE <input type="checkbox"/> BUPRENORPHINE MAINTENANCE <input type="checkbox"/> BUPRENORPHINE WITHDRAWAL <input type="checkbox"/> BUPRENORPHINE/NALOXONE
DATE OF CHANGE: .....	
SIGNATURE OF MEDICAL PRACTITIONER:	DATE:
ALL CORRESPONDENCE TO: SECRETARY ATTENTION CHIEF PHARMACIST PHARMACEUTICAL SERVICES BRANCH DEPARTMENT OF HEALTH AND HUMAN SERVICES GPO Box 125 HOBART TAS 7001	FOR FURTHER INFORMATION CONTACT PHARMACEUTICAL SERVICES BRANCH TEL: (03) 6233 2064 FAX: (03) 6233 3904