

**BUPRENORPHINE/NALOXONE (SUBOXONE)  
 MEDICATION ADMINISTRATION CHART  
 TASMANIAN OPIOID PHARMACOTHERAPY PROGRAM**

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

DATE	DAY	TOTAL DAILY DOSE MG	TABLET STRENGTH		PHARM INITIALS	TIME	COMMENTS	CLIENT SIGNATURE
			2mg/0.5mg	8mg/2mg				
1								
2								
3								
4								
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*This form is part of the Narcotic Substances Register and must be filed in a binder and retained for a period of two years.*