

**TASMANIAN METHADONE PROGRAM    MEDICATION ADMINISTRATION CHART M 7**  
**METHADONE SYRUP 25MG/5ML**

PHARMACY: .....						
CLIENT'S NAME: .....						
CLIENT'S ADDRESS: .....						
YEAR:.....		REG NO.: M.....		DOCTOR: .....		NO. TAKEAWAYS / WEEK
MONTH.....		PRESCRIPTION No.:.....		.....		PRESCRIPTION EXPIRY...../...../...
DAY	DAILY DOSE MG	DAILY DOSE ML	DOSE TYPE CODE*	PHARMACIST'S SIGNATURE	TIME	NOTES
1						
2						
3						
4						
5						
6						
7						
8						
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11						
12						
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23						
24						
25						
26						
27						
28						
29						
30						
31						
TOTAL VOLUME .....				ML (CODE 475) <span style="float: right;">REFER OVER FOR CODES AND NOTES</span>		
NUMBER DOSES.....ENTER THIS DATA ON NARCOTIC MOVEMENT SHEET						