

STRICTLY CONFIDENTIAL

PHARMACEUTICAL SERVICES

NSW MINISTRY OF HEALTH

NSW OPIOID TREATMENT PROGRAM: NOTIFICATION OF PERMANENT CHANGE IN DOSING POINT

Name of Person Completing the Notification:

Title/Position:

Date:

Name of Practice/Clinic:

Telephone:

Patient Ref No (if known)	Patient Name	Patient Date of Birth	Name of Previous Dosing Point (transferring from)	Name of New Dosing Point (transferring to)	Suburb/Town of New Dosing Point	Date of Transfer

Fax to: Pharmaceutical Services
NSW Ministry of Health
Fax: (02) 9424 5885

Postal Address: Locked Mail Bag 961, North Sydney NSW 2059
Telephone: (02) 9424 5921