



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

EXIT FROM METHADONE OR BUPRENORPHINE TREATMENT UNDER THE NSW OPIOID TREATMENT PROGRAM (OTP)

This form is available online in PDF format (<http://www.health.nsw.gov.au/pharmaceutical>) and should be filled in electronically using a computer. If completing the form by hand, please use BLOCK LETTERS and ensure that all details are legible. Exits are generally processed within 2 business days.

Section A: Patient Details

Patient Name:

(given name) (middle name) (family name)

Patient Residential Address:

Suburb/Town:

Postcode:

Patient Date of Birth:

Sex: Male Female

Section B: Current program details

1. Is the patient exiting a methadone or buprenorphine program? Methadone Buprenorphine

2. Date of entry to current program: (month/year)

3. Date of last dose including any takeaways issued on current prescription:

4. Last dose of methadone or buprenorphine: mg

5. Name of last administration (dosing) point:

Suburb/Town:

6. Date commenced at last dosing point:

7. Reason for Exiting Treatment: (tick one box only)

- Patient did not commence treatment
- Treatment incomplete (by mutual agreement between prescriber and patient)
- Patient successfully completed treatment
- Patient ceased to pick up methadone/buprenorphine
- Treatment terminated involuntarily

Reason for involuntary termination (e.g. chronic or frequent illegal opioid use, violent or abusive behaviour towards staff, diverting methadone or buprenorphine):

- Patient deceased, Date of death:
- Patient transferred to the Justice Health System
- Patient transferred to another prescriber, specify name of new prescriber/clinic:
- Other, specify:

Section C: Declaration

This patient has been discharged from methadone/buprenorphine treatment. I declare that I am the current authorised prescriber or I have permission of the current authorised prescriber to discharge the patient.

Name of person discharging patient:

(given name) (family name)

Signature of person discharging patient:

Print & Sign

Date:

Designation:

Prescriber's Name:

Address:

Fax completed form and supporting documentation to the Pharmaceutical Regulatory Unit: 02 9424 5885
For enquiries: Tel 02 9424 5921 during business hours.



SMR130052

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH700458 050719

EXIT FROM METHADONE OR BUPRENORPHINE TREATMENT UNDER THE NSW OPIOID TREATMENT PROGRAM (OTP) SMR130.052