



Pharmacy Tablet/Film Count Form

(Note: Before sending this form, discuss with the pharmacist first to explain goals and procedures and to ensure agreement and understanding.)

Date: _____

To: Pharmacists @ _____ Pharmacy

From: Healthcare Provider: _____

Clinic Address: _____

Phone Number: _____

My patient, _____, is starting office-based buprenorphine treatment for opioid dependence.

As part of monitoring this treatment, we ask the patient to do buprenorphine tablet/film counts at random times (we call the patient when it's time for a pill/film count).

The above-named patient lives much closer to your pharmacy than to our treatment clinic. It would be a big help to me and this patient if you would be able to perform periodic tablet/film counts on his/her buprenorphine and then fax this form to us.

On the days we call the patient for a random tablet/film count, the patient would come to your pharmacy with his or her pill bottle. When we call the patient to go for a random tablet/film count, we will fax this form to you. We would appreciate if you could record the tablet/film count results on this form and fax it back to us the same day. This would be a real help to me in monitoring my patient's treatment and also a great service to the patient.

Thank you very much for your help with this! Sincerely,

Signature

Buprenorphine/Naloxone formulation: _____

Dose per tablet/film: _____

Total # of tablets/films remaining in bottle: _____ Fill date on bottle: _____

Total # of tablets/films dispensed on fill date: _____ Tablet/film count correct? Yes No

Please fax this back to: _____

Thank You!

M. Lofwall, February 27, 2017 (personal communication). Adapted with permission.