



## Drugs of Dependence Unit

### MEDICATION ASSISTED TREATMENT FOR OPIOID DEPENDENCE (MATOD) PROGRAM

### NOTIFICATION FORM FOR ACCREDITED PRESCRIBERS - *PRESCRIBING BUPRENORPHINE OR SPLIT DOSING OF METHADONE*

Accredited MATOD prescribers must notify the Drugs of Dependence Unit (DDU) in writing prior to prescribing buprenorphine or split doses of methadone. For more detail please refer to the DDU's *MATOD program information*.

**Patient's name:**

**DOB:**

**Address:**

**Drug:** Methadone split doses

Buprenorphine tablet

**Current daily dose:**

**Dosing Pharmacy:**

**Take away doses:**

**Reason for prescribing the above drug regime:**

**Comments:**

**Prescriber name:**

**Prescriber's practice:**

**Signature:**

(Authorised prescriber)

**Date:**

Return completed form to [HealthDrugsofDependenceUnit@sa.gov.au](mailto:HealthDrugsofDependenceUnit@sa.gov.au) or Fax 1300 658 447