MEDICATION TRACKER

		ANT INFORMATION					
Participant Number 21978							
First Name DINEO SEHUDIE		Last Name MDO MAKWANE					
Address 2416 70th AVE	W APT	86					
CITY UNIVERSITY PLACE		State WA					
ZIp Code 98466		Phone 253 227 3025					
-	ALLERGIES						
1 HOUSE DUST		2					

MOUD TREATMENT PLAN

1ark x	Medication Buprenorphine	Dosage	Frequency		Form	Route	Instructions
*)				time(s)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Naltrexone			time(s)			
X	Methadone	50mg	1	time(s) DAI	5 CAPSULE	ORAL	Take I pill dails
	Other:)		time(s)	3		The second

MEDICATION INTAKE PROGRESS
MONTH: しょう YEAR 2024 METHADONE

Date 1	Medication taken today? Mark X				Frequency	Form	Route]		
	Yes No		po	[How many times a day]		[tablet,capsule, Equid.spray]	(oral, IV)			
	X	~ *	50mg	T	time(s) DA145	C C	ORAL	Instructions		
2	X		50 m		time(s) DALS	CARSULF	DRAL	Medication Name: Write as per		
3	X	1	50 mg	1	time(s) DAILS	CAPSULE	DRAL	Treatment Plan		
4	X		50 mg	i	time(s) DA Lo	CAPSULE	DRAL	Month: e.g. July		
5	100	X	J		time(s)		3	Year: e.g. 2024		
6		X	11/87	1	time(s)		But you to	Medication taken? Mark with X		
7	X	420 W	50mg	1	time(s) DAILL	CARSULE	DRAL	select YES or NO		
8	X	18 (0)	50ma	1	time(s) DAILY	CAPSULE	DRAL	Dosage: as per treatment plan		
9	X	5	50 mg	1	time(s) DALY	CAPSULE	DRAL	Frequency: e.g. 1 time Daily,		
10	¥	10.0	toma	1	time(s) DAH	CAPSULIF	DRAL	3 times Daily		
11	X		50 mg		time(s) DALT	CAPSULE	DRAL	Form: e.g. tablet,capsule, liqui		
12	X		50 mg	1	time(s) DALLY	CARSULE	DRAL	injection		
13	x	A September 1	50 mg	. 1	time(s) DAILT	CARSULE	DRAL	Route: e.g. oral, intramuscular		
14	A	A. P	50 mg	1	time(s) DALY	CARGULE	DRAL			
15	×	71.4	50 mg		time(s) DALY	CAPSULE	DRAL	Details of MOUD Program		
16	Χ	100	50 mg	1	time(s) MILY	CAPSULE	DRAL	Name of OTP Program		
17	X	707	50 mg		time(s) DAILY	CAPSULE	ORAI	LAKEWOOD		
18	X		50 mg	1	time(s) DAILY	CARSULE	DRAL	Address		
19	Х		क्रा व्य		time(s) DAILU	CAPSULF	DRAL	2028 3rd Lake		
20	X		50 mg	1	time(s) DAILL	CAPSULE	DRAL	Phone		
21	7		30	1.1	time(s) DAIL	CABULE	ORAL	253 227 3025		
22	k	1 /	50 mg	1	time(s) DALLY	CARSULE	ORAL	Doctor/Clinician Name		
23	X	14 . 7	50 mg	[. 1	time(s) DAILY	CAPSULE	DRAL	DR HORN WELLER		
24	X	100	50 mg	1	time(s) DAILH	GASULE	DRAL			
25	X	JA W	D mas	1	time(s) DAILY	CARGULE	DRAL	Details of your Pharmacy		
26	X		90 mg	1	time(s) ALV	CARSULE	DRAL	Name		
27	X		50 mg	1	time(s) DAILY	CAPGULE	DRAL	WALGRENS		
28	X	11	50 mg	1	time(s)	CAPSULE	DRAL	Phone		
29	X	9	90 mg	1	time(s) DAVLY	CAPSULE	DRAL	253 227 3025		
30	λ		50 mg	1	time(s) DAILY	CAPSULE	URAL			
31	X	1	Do . Und	- 1	time(s) DAL	CAPSLIE	DRAL	7		

ıid,spray, ar-IM