

MEDICATION TRACKER

MOUD PARTICIPANT INFORMATION

Participant Number 72469

First Name Chase Last Name Buckley

Address 74th St. Marzano Ave

City Houston State Texas

Zip Code 69324 Phone +1 23 654 329

ALLERGIES

1 Peanuts 2

MOUD TREATMENT PLAN

Mark x	Medication	Dosage	Frequency	Form	Route	Instructions
	Buprenorphine		time(s)			
	Naltrexone		time(s)			
X	Methadone	24mg	3 times Daily	Tablet	Oral	Increase dosage weekly
	Other:		time(s)			

MEDICATION INTAKE PROGRESS

MEDICATION NAME Methadone MONTH: July YEAR: 2024

Date	Medication taken today?		Dosage	Frequency		Form	Route
	Yes	No		How many times a day	time(s)		
1	X		24mg	3	time(s) Daily	Tablet	oral
2	X		24mg	3	time(s) Daily	Tablet	oral
3	X		24mg	3	time(s) Daily	Tablet	oral
4	X		24mg	3	time(s) Daily	Tablet	oral
5	X		24mg	3	time(s) Daily	Tablet	oral
6	X		24mg	3	time(s) Daily	Tablet	oral
7	X		24mg	3	time(s) Daily	Tablet	oral
8	X		24mg	3	time(s) Daily	Tablet	oral
9		X			time(s)		
10		X			time(s)		
11		X			time(s)		
12	X		24mg	3	time(s) daily	Tablet	oral
13	X		24mg	3	time(s) daily	Tablet	oral
14	X		48mg	3	time(s) daily	Tablet	oral
15	X		48mg	3	time(s) Daily	Tablet	oral
16	X		48mg	3	time(s) Daily	Tablet	oral
17	X		48mg	3	time(s) Daily	Tablet	oral
18	X		48mg	3	time(s) daily	Tablet	oral
19	X		48mg	3	time(s) daily	Tablet	oral
20	X		48mg	3	time(s) daily	Tablet	oral
21	X		50mg	3	time(s) daily	Tablet	oral
22	X		50mg	3	time(s) daily	Tablet	oral
23	X		50mg	3	time(s) daily	Tablet	oral
24		X			time(s)		
25		X			time(s)		
26		X			time(s)		
27		X			time(s)		
28		X			time(s)		
29	X		50mg	3	time(s) daily	Tablet	oral
30	X		50mg	3	time(s) daily	Tablet	oral
31	X		50mg	3	time(s) daily	Tablet	oral

Instructions

Medication Name: Write as per Treatment Plan

Month: e.g. July

Year: e.g. 2024

Medication taken? Mark with X to select YES or NO

Dosage: as per treatment plan

Frequency: e.g. 1 time Daily, 3 times Daily

Form: e.g. tablet, capsule, liquid, spray, Injection

Route: e.g. oral, Intramuscular-IM

Details of MOUD Program

Name of OJP Program

Fresh Start

Address

476 St W

Phone

+1 243 567 23

Doctor/Clinician Name

Dr. Isakson

Details of your Pharmacy

Name

Walgreens

Phone

+1 256 321