MOUD PARTICIPANT INFORMATION

Participant Number: 72345

First Name: RYAN | Last Name: NGUYEN

Address: 123 Ave,

City: Boston | State: New York

Zip Code: 72456 | Phone: + 123 456 7890

ALLERGIES

1: Lactose | 2: Glucose

MOUD TREATMENT PLAN

Mark x	Medication	Dosage	Frequency		Form	Route	Instructions
	Buprenorphine		time(s)				
	Naltrexone		time(s)				
X	Methadone	5mL	1 time(s)	daily	Liquid	oral	Take once daily.
	Other:		time(s)				

MEDICATION INTAKE PROGRESS

MEDICATION NAME: Methadone | MONTH: July | YEAR: 2024

Date	Medication taken today? Mark X		Dosage	Frequency (How many times a day)	Form (tablet, capsule, liquid, spray)	Route (oral, IV)
	Yes	No				
1	X		5mL	1 time(s) daily	Liquid	oral
2	X		5mL	1 time(s) daily	Liquid	oral
3	X		5mL	1 time(s) daily	Liquid	oral
4	X		5 mL	1 time(s) daily	liquid	oral
5	X		5mL	1 time(s) daily	Liquid	oral
6	X		5mL	1 time(s) daily	liquid	oral
7	X		5 mL	1 time(s) daily	Liquid	oral
8		X		time(s)		
9	X		5mL	1 time(s) daily	Liquid	oral
10	X		5mL	1 time(s) daily	Liquid	oral
11	X		5mL	1 time(s) daily	Liquid	oral
12	X		5mL	1 time(s) DAILY		
13		X		time(s)		
14	X		5mL	1 time(s) DAILY	LIQUID	ORAL
15	X		5 mL	1 time(s) DAILY	LIQUID	ORAL
16	X		5mL	1 time(s) DAILY	LIQUID	ORAL
17	X		5mL	1 time(s) DAILY	LIQUID	ORAL
18	X		5mL	1 time(s) DAILY	LIQUID	ORAL
19	X		5mL	1 time(s) DAILY	LIQUID	ORAL
20	X		5mL	1 time(s) DAILY	LIQUID	ORAL
21	X		5mL	1 time(s) DAILY	LIQUID	ORAL
22	X		5mL	1 time(s) DAILY	LIQUID	ORAL
23	X		5mL	1 time(s) DAILY	LIQUID	ORAL
24	X		5mL	1 time(s) DAILY	LIQUID	ORAL
25	X		5mL	1 time(s) DAILY	LIQUID	ORAL
26	X		5mL	1 time(s) DAILY	LIQUID	ORAL
27	X		5 mL	1 time(s) DAILY	LIQUID	ORAL
28	X		5mL	1 time(s) DAILY	LIQUID	ORAL
29	X		5mL	1 time(s) DAILY	LIQUID	ORAL
30	X		5mL	1 time(s) DAILY	LIQUID	ORAL
31	X		5mL	1 time(s) DAILY	LIQUID	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 OTP Program: BeTree

Address: 7121 St

Phone: +1 7121 712210

Doctor/Clinician Name: Dr. Kwan

Details of your Pharmacy

Name: CVS

Phone: +1 269 7269769