

IMPORTANT NOTICE: This document is not DEA approved. This document is for informational purposes and is provided only as a reference.

Physician's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DEA Registration Number \_\_\_\_\_

Unique Identifier – “X” Number \_\_\_\_\_

**PRESCRIPTION LOG**

**SUBOXONE® (Buprenorphine HCl/Naloxone HCl dihydrate sublingual tablets) (CIII) and  
Subutex® (Buprenorphine HCl sublingual tablets) (CIII)**

<b>Date Rx Issued</b>	<b>Patient Initials or Code Identifier<sup>1</sup></b>	<b>Drug (Suboxone or Subutex)</b>	<b>Strength (2mg or 8mg)</b>	<b>Quantity (Number of Tablets)</b>	<b>Number of Refills Authorized</b>

<sup>1</sup> Patient's address must be maintained in office