

Notification of a temporary interstate transfer of a patient on Opioid Replacement Therapy (ORT) to a Victorian pharmacy

tel: 1300 364 545 fax: 1300 360 830 email: dpcs@health.vic.gov.au

This form should be used by a pharmacist in Victoria to notify the Department of Health when the pharmacist dispenses ORT for a patient from a prescription written by an interstate doctor.

Further information regarding interstate transfers of patients on methadone or buprenorphine for ORT is available on the "Pharmacotherapy" section of the DPR website at: www.health.vic.gov.au/dpcs/pharm.htm.

(Please complete **all** questions and print **legibly** in block letters)

DOSING PHARMACY DETAILS:

NAME OF DOSING PHARMACIST:	
NAME OF PHARMACY:	
ADDRESS:	
SUBURB:	POSTCODE:
PHONE NUMBER:	FAX NUMBER:

PATIENT DETAILS:

SURNAME:	FIRST NAME:
ADDRESS:	
SUBURB:	POSTCODE:
DOB:	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/>

TREATMENT DETAILS:

NAME OF PRESCRIBER:	
PRACTICE NAME:	
PRACTICE ADDRESS:	
SUBURB:	PHONE NUMBER:
DRUG PRESCRIBED: METHADONE <input type="checkbox"/> BUPRENORPHINE <input type="checkbox"/>	INTENDED PERIOD OF DOSING: from: _____ to: _____

For permanent transfers, the patient should be treated by a Victorian ORT-approved prescriber. Patients can contact DirectLine (☎ 1800 888 236) for referral to ORT-approved prescribers and pharmacies in Victoria.

When you have completed this form, please fax to 1300 360 830 or email to dpcs@health.vic.gov.au.

PRIVACY STATEMENT

It is a requirement of the *Drugs, Poisons and Controlled Substances Act 1981* (the Act) that the information set out in this form is provided to the Department of Health to meet statutory notification requirements, and for the issuing of permits as required under the Act. The collection, use and disclosure of the information provided will be in accordance with the law, including the provisions of the *Health Records Act 2001*. The information collected may be disclosed to health practitioners practising in the following health professions: medical, nursing and midwifery and pharmacy, when necessary to facilitate coordination of the patient's drug treatment and safe prescribing of drugs. For example, it may be necessary to disclose this information when another health practitioner applies for a permit or is considering prescribing a drug of dependence. The notification may not be processed if all information requested on the form is not completed.