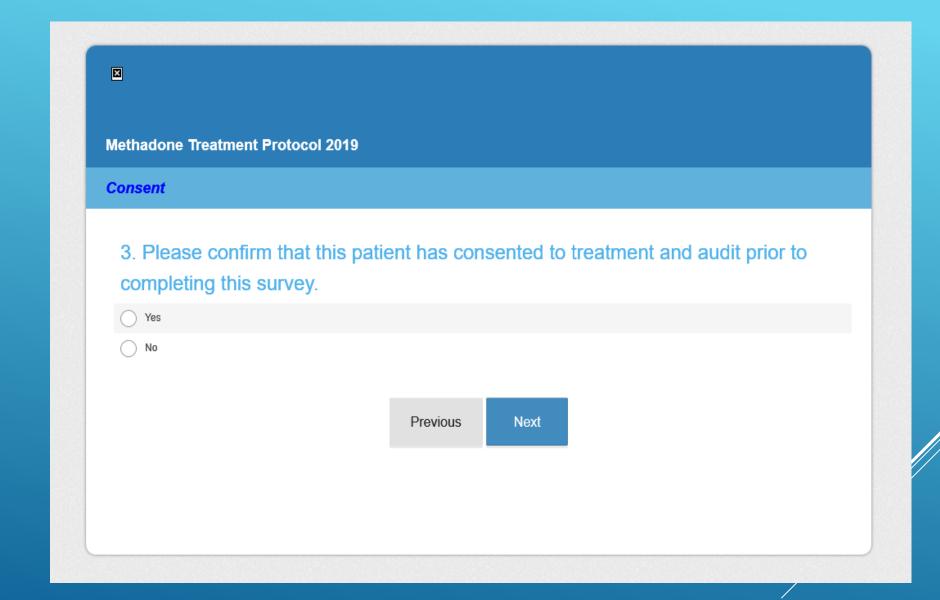
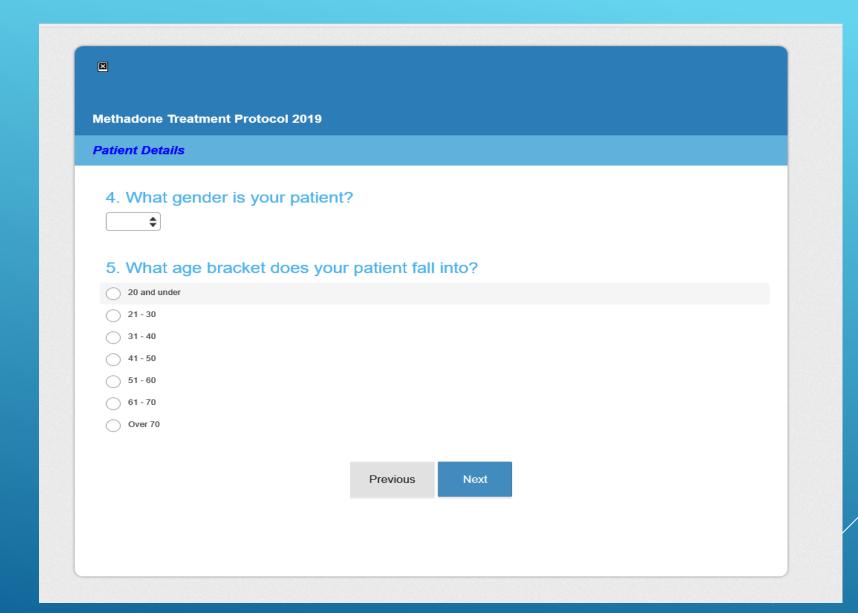
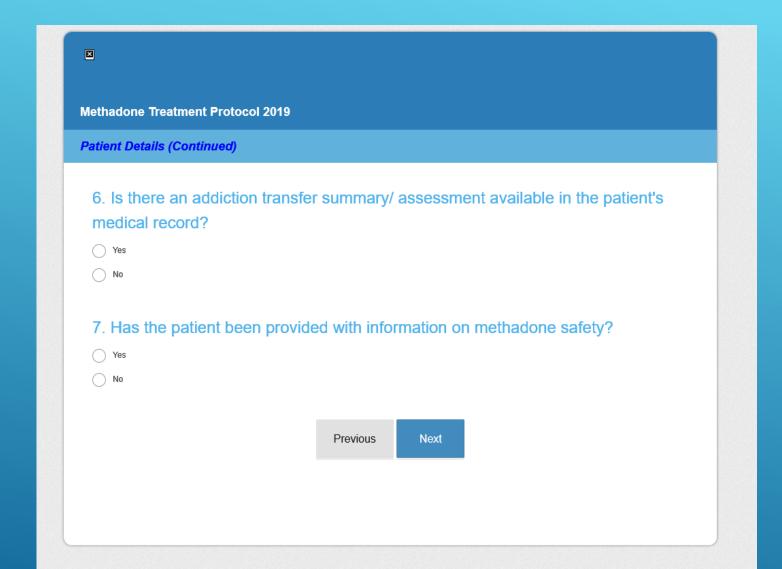
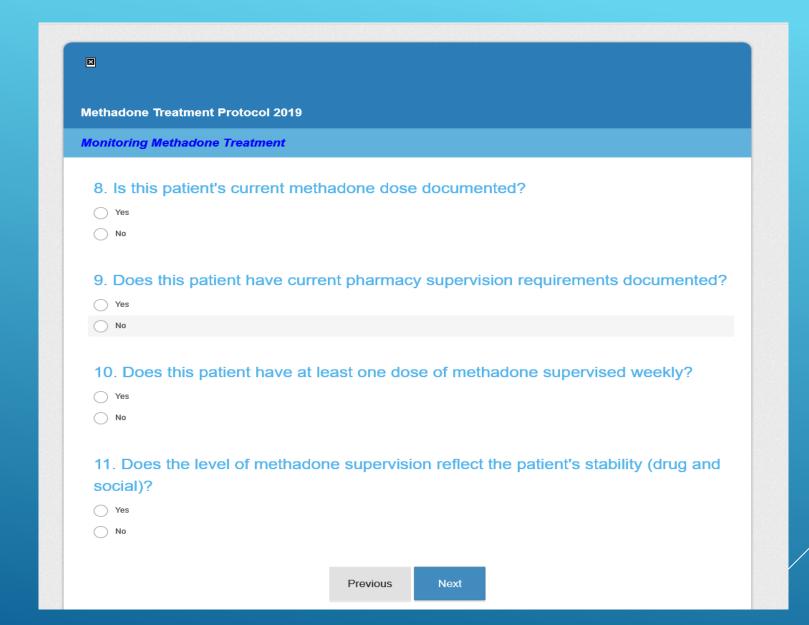
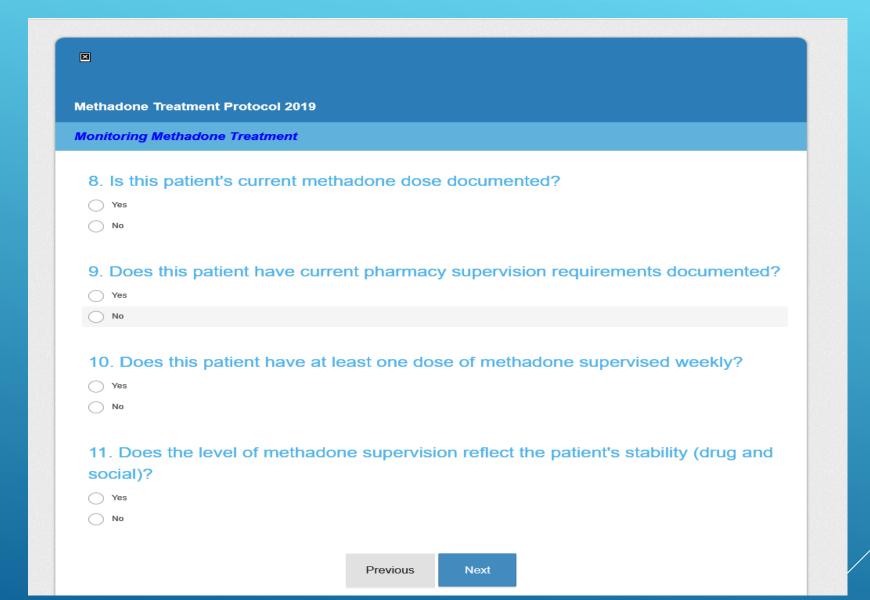
Methadone Treatment Protocol 2019	
Introductory Details	
	Medical Council registration number (please enter your IMC number in a 6 nat e.g. 00XXXX):
	e assign each audited patient a unique identifying number between 1 and our own records
	Next

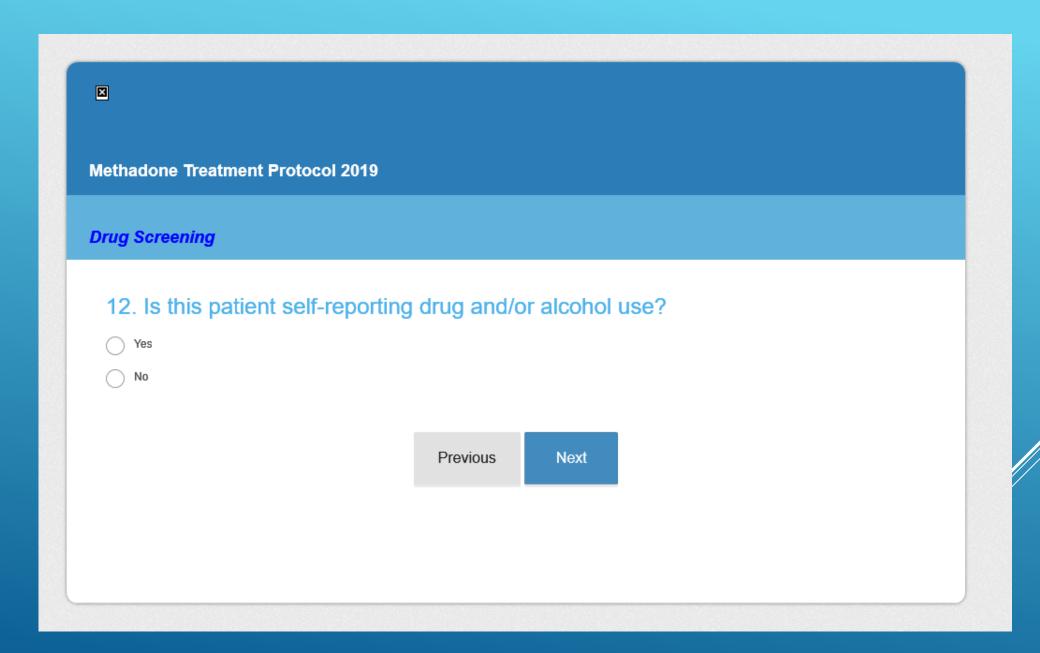


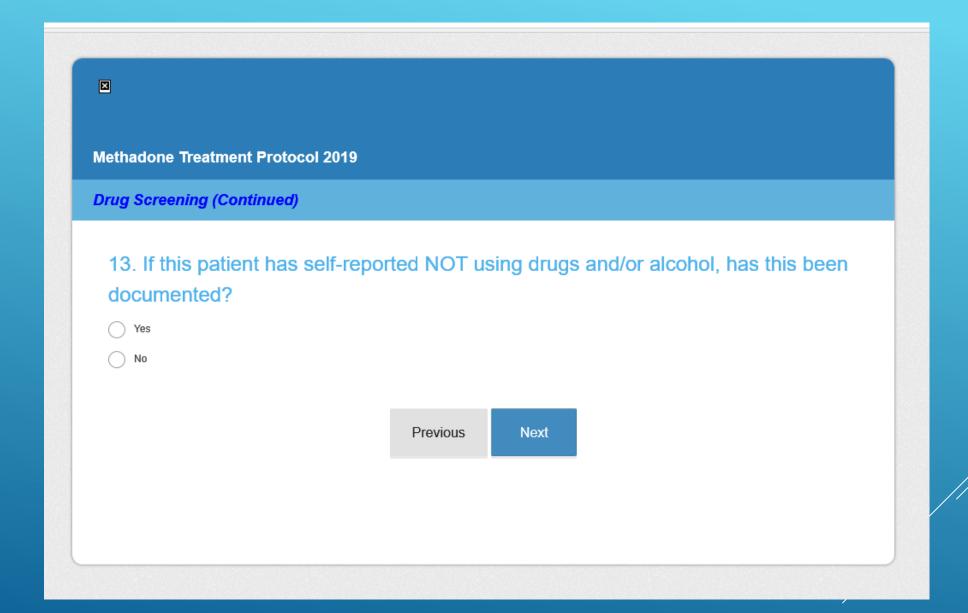


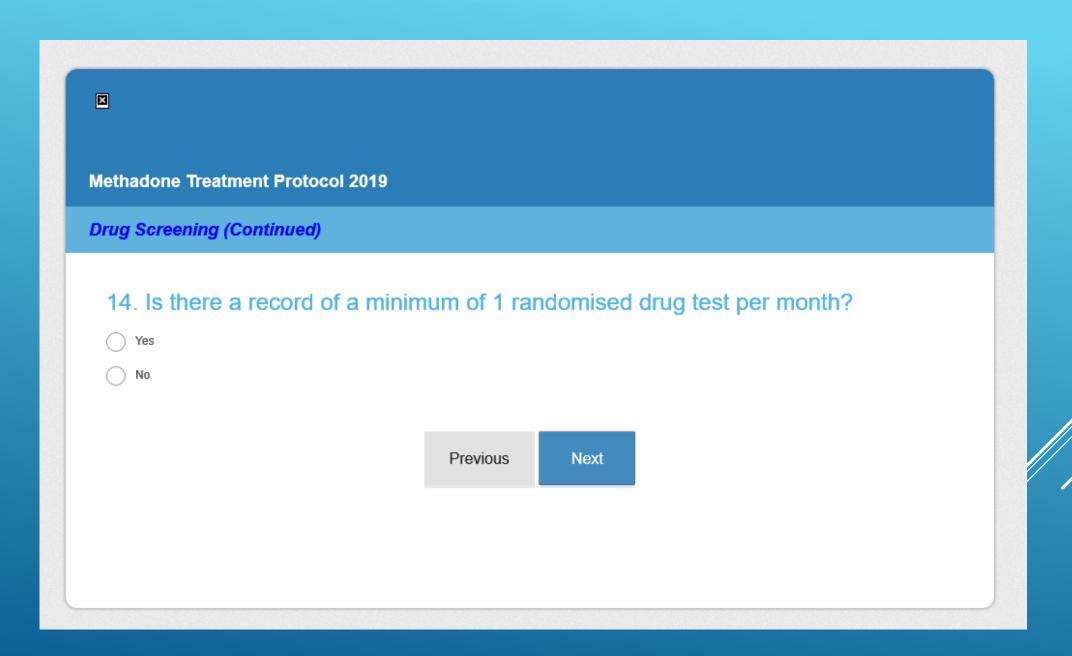


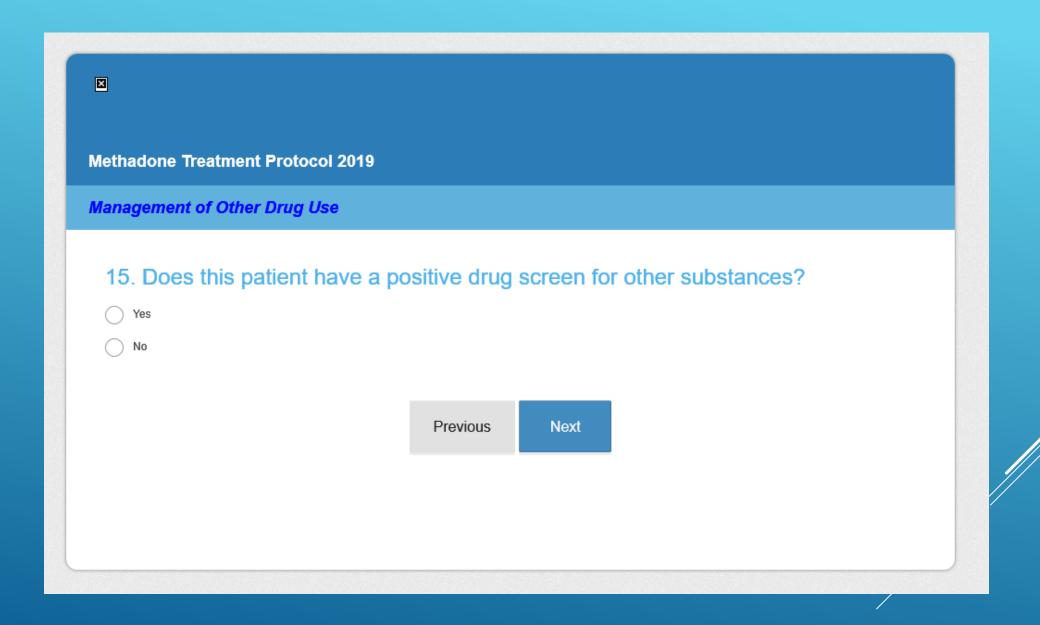


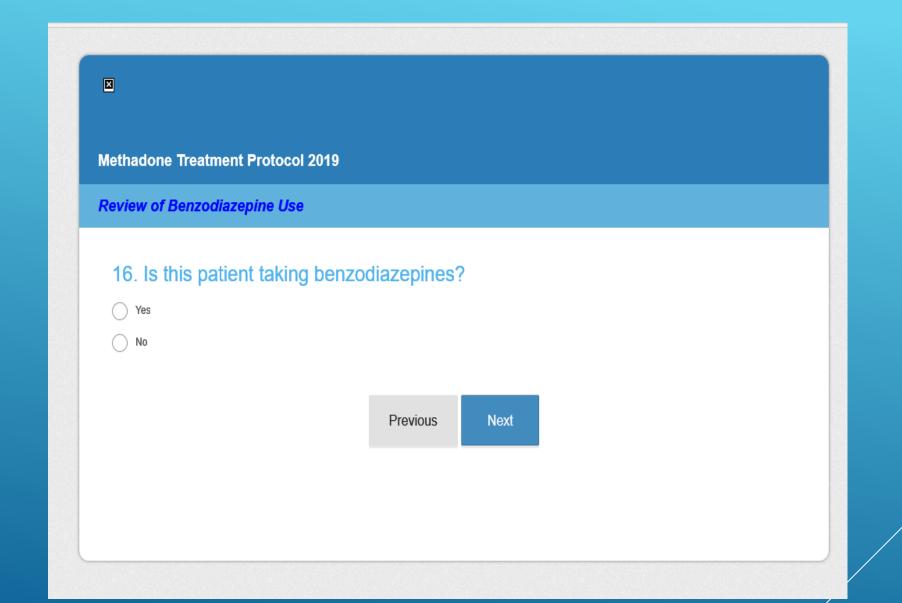


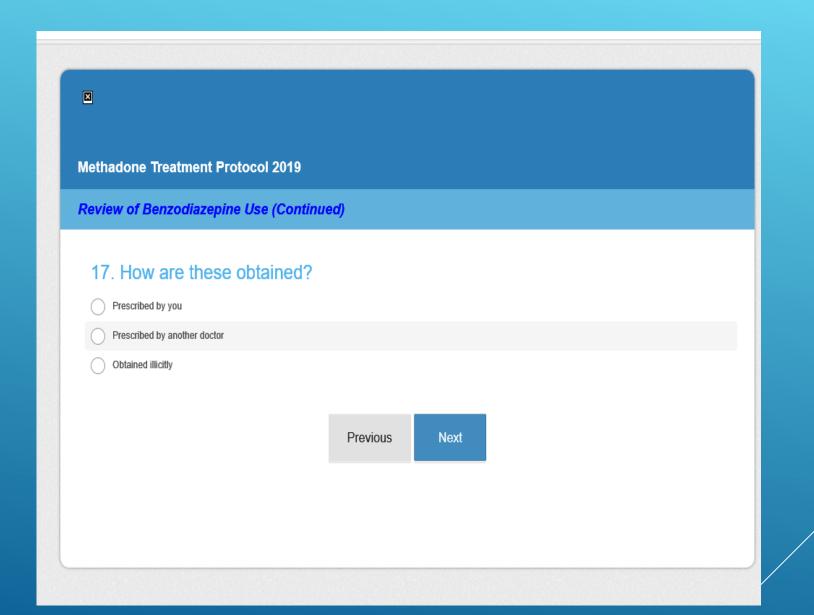






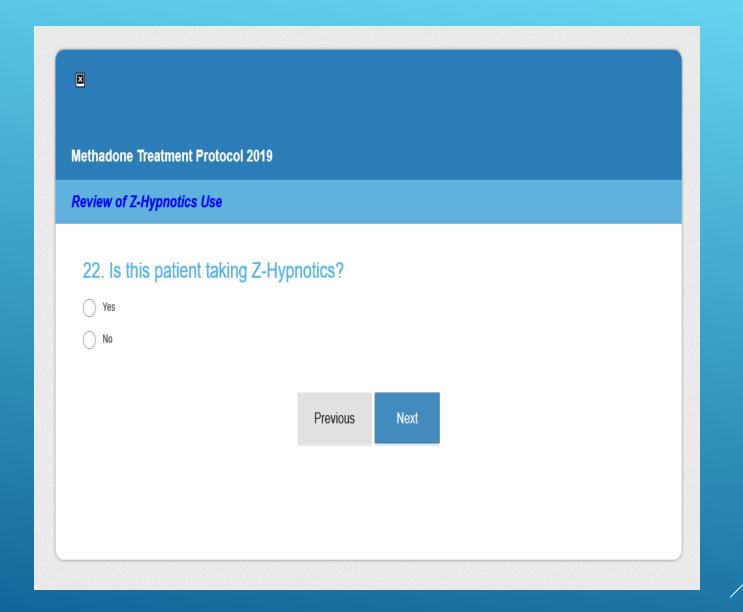


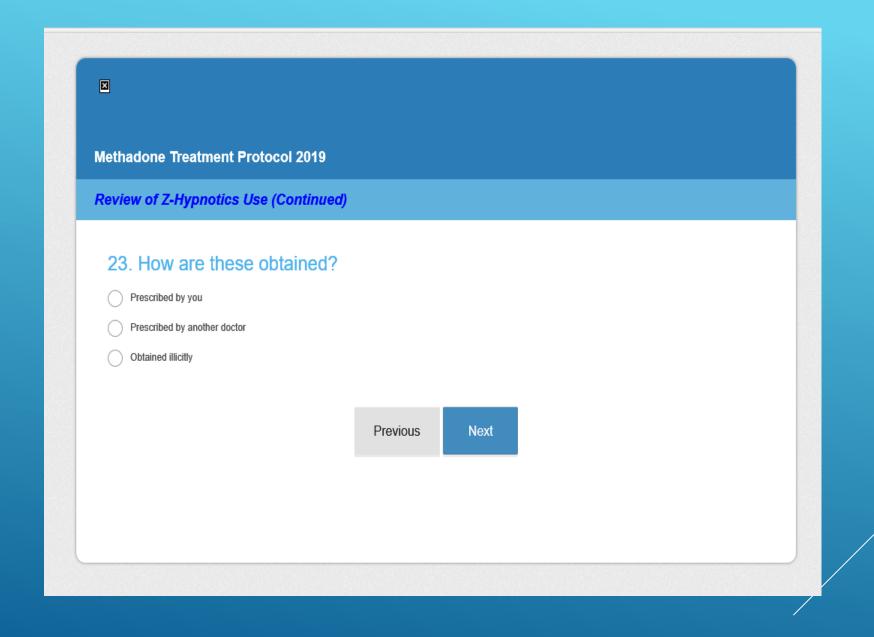


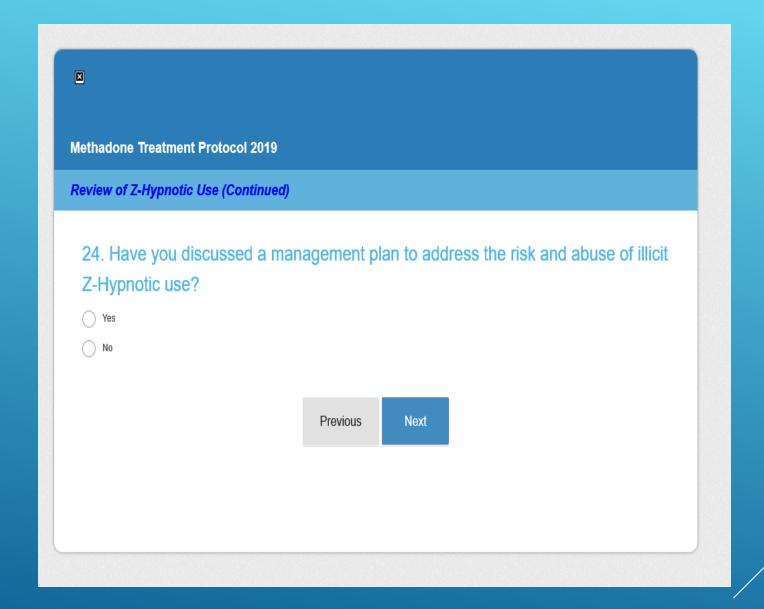


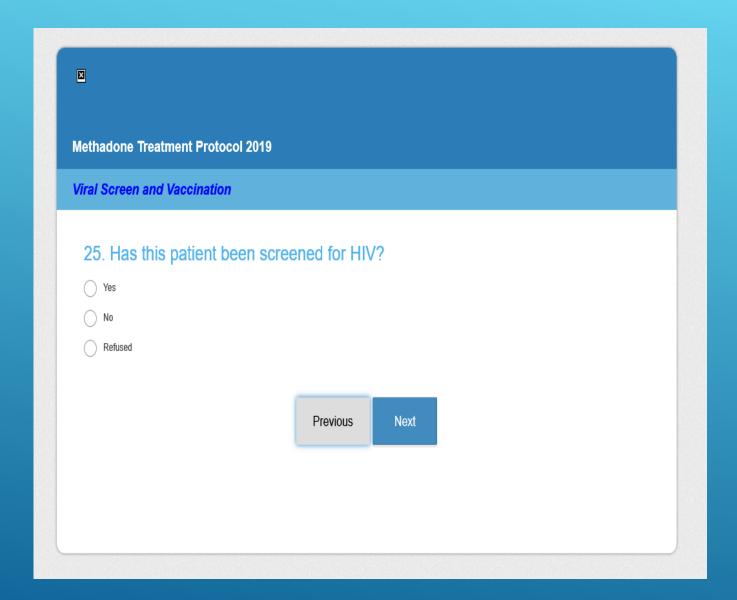
## **Methadone Treatment Protocol 2019** Review of Benzodiazepine Use (Continued) 18. Is there a clinical rationale for the benzodiazepine prescription? Yes O No 19. Is the dose documented? O Yes O No 20. Does the frequency of Benzodiazepine dispensing correspond to the frequency of methadone dispensing? Yes If no, please comment 21. Have you reviewed this prescription with the patient in the past 3 months? O Yes O No

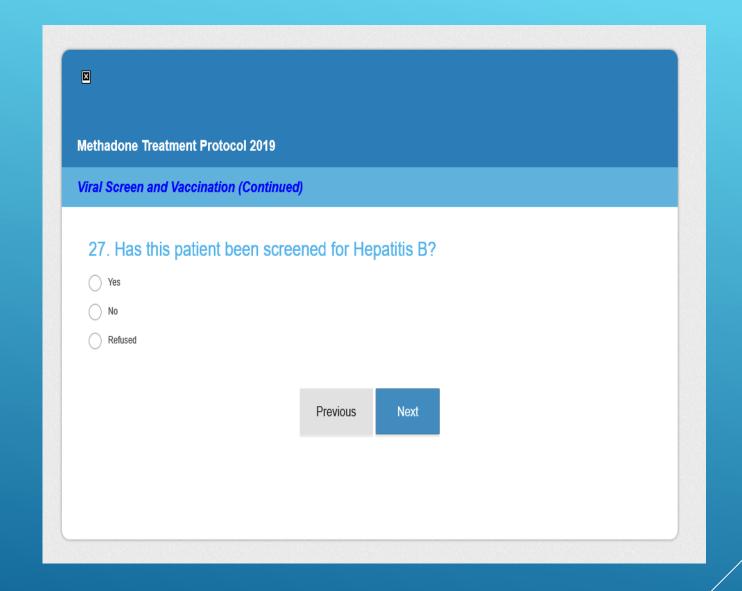
## **Methadone Treatment Protocol 2019** Review of Benzodiazepine Use (Continued) 18. Is there a clinical rationale for the benzodiazepine prescription? Yes O No 19. Is the dose documented? O Yes O No 20. Does the frequency of Benzodiazepine dispensing correspond to the frequency of methadone dispensing? Yes If no, please comment 21. Have you reviewed this prescription with the patient in the past 3 months? O Yes O No

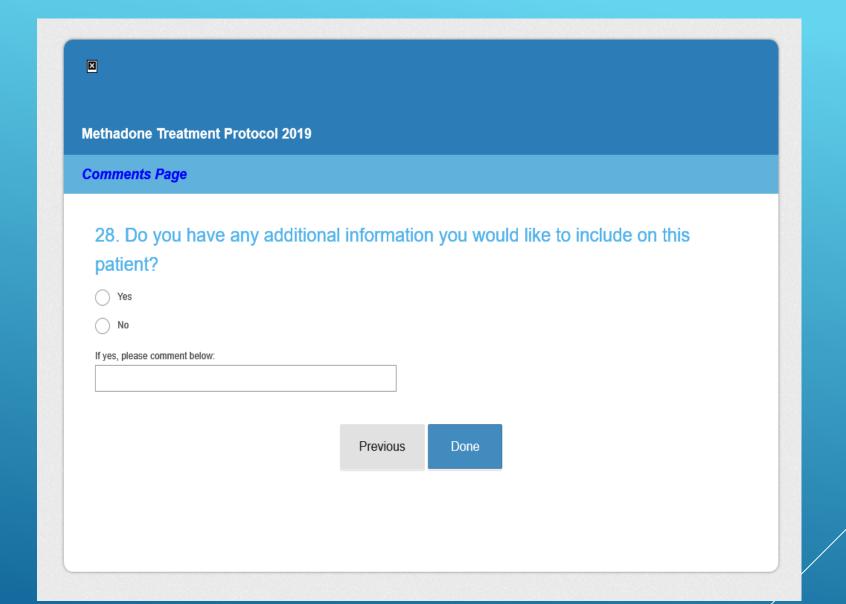


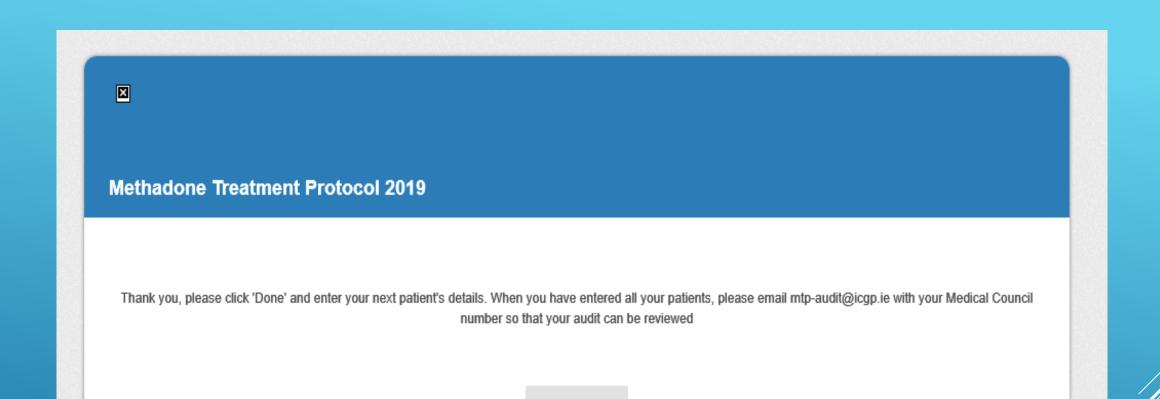












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