

**Pharmacy Pill Count Form**

Date: \_\_\_\_\_

To: Pharmacists @ \_\_\_\_\_ Pharmacy

From: Doctor: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

My patient, \_\_\_\_\_, is starting office-based buprenorphine (Suboxone®) treatment for opioid dependence.

As part of monitoring this treatment, we ask the patient to do buprenorphine pill counts at random times (we call the patient when it is time for a pill count).

The above-named patient lives much closer to your pharmacy than our treatment clinic. It would be a big help to me and this patient if you would be able to perform periodic pill counts on his/her Suboxone® and then fax this form to us.

On the days we call the patient for a random pill count, he or she would come to your pharmacy with their pill bottle. When we call the patient to go for a random pill count, we will fax this form to you. We would appreciate if you could record the pill count results on this form and fax it back to us the same day. This would be a real help to me in monitoring my patient’s treatment and also a great service to the patient.

Thank you very much for your help with this!

Sincerely,

\_\_\_\_\_

**Suboxone® 2/0.5 mg tabs**

Total # of pills remaining in bottle \_\_\_\_\_

Fill date on bottle \_\_\_\_\_

# Pills dispensed on fill date \_\_\_\_\_

Pill count correct?  Yes  No

**Suboxone® 8/2 mg tabs**

Total # of pills remaining in bottle \_\_\_\_\_

Fill date on bottle \_\_\_\_\_

# Pills dispensed on fill date \_\_\_\_\_

Pill count correct?  Yes  No

**Please fax this back to # \_\_\_\_\_**

**Thank You!**