



SUBLOCADE® (buprenorphine extended-release) PATIENT ACCESS JOURNEY

You may record important dates, next steps, or other reminders for each step along your patient's journey to SUBLOCADE treatment.



 Demographics			
Patient Name:			
Address:			
Phone:			
Email:			
Date of birth:			
Admit date:			
Provider/NPI/DEA:			
 Order Information			
Insurance:			
Medical or Pharmacy:			
Prior authorization date:			
Prior authorization valid through:			
Pharmacy phone number:			
Copay ID #:			
Order date:			
Order confirmation:			
Patient authorized shipment? Yes or No			
Delivery date:			
Date of injection:			
Number of refills:			
Dosage:			
 Transition of Care (TOC)			
Discharge date:			
TOC provider:			
Next injection date:			
Injection by:			
Notes:			