

Appendix 7

Sample Buprenorphine Take-Home Agreement

Patient's Name: _____

- I understand that the buprenorphine/naloxone I am receiving is for my consumption only.
- I undertake full responsibility for making sure this medication does not get into anyone else's hands. I understand that while this dose of buprenorphine is safe for me, it can cause serious overdose and possibly death in another person.
- I have been counselled about appropriate and secure storage.
- I will consume the buprenorphine on the dates specified on the medication label.
- I agree to return all empty buprenorphine containers on the day following each carry period.

Patient's signature: _____ Date: _____

Pharmacist's signature: _____ Date: _____