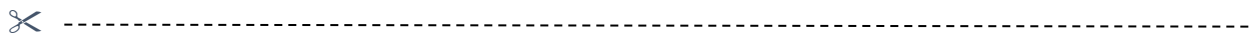


Appendix 9

Methadone Part-Fill Accountability Log

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Information (if applicable)		Pharmacist's Initials	Patient's signature
		Witnessed	Take Home	Total	Address	Time		



Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Information (if applicable)		Pharmacist's Initials	Patient's signature
		Witnessed	Take Home	Total	Address	Time		