[Date]

[AP Name]

[Practice Name]

Ph: [……………]

Fax: […………….]

[Pharmacy Name]

[Pharmacy Address]

[Suburb] Qld [Postcode]

Dear Sir/Madam

Thank you for accepting this patient at your pharmacy for dosing on the Queensland Opioid Treatment

Program. The first dose is scheduled for [date in full]. The patient’s details are below:

Insert Patient Photo Here

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Height:** |  |
| **Weight:** |  |
| **Distinguishing Features:** |  |
| **Comments:** |  |

Please find attached a copy of the QOTP prescription. The original will be posted in the mail.

Should you have any queries or concerns, please do not hesitate to contact me on the above number.

Thank you for your assistance.

Yours faithfully,

[AP Name]