

PROBUPHINE® REMS Insertion/Removal Log Form

Please consider this form as part of your patient medical records and store it accordingly.

Treating Physician's Name:					
Treating Physician NPI or other Clinician ID:					
Patients ID:					
PROBUPHINE Kit #:					
Activity	Clinician who insert or remove		Signature	Date	Notes
	Name	NPI or other clinician ID			
PROBUPHINE Insertion					
PROBUPHINE Removal					
PROBUPHINE Disposal					
Please detail below actions taken to contact the patient including dates.					
No Removal Attempt to contact #1					
No Removal Attempt to contact #2					
No Removal Attempt to contact #3					
Care Transferred	Name	NPI	Signature	Date	Notes