

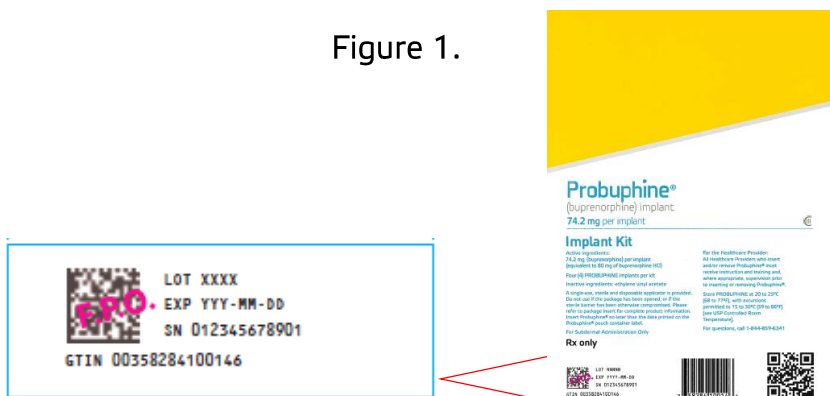
PROBUPHINE® REMS Program Insertion/Removal Log

- Complete a new form each time a new set of implants are inserted, and document the removal of those implants on this same form.
- Consider this form as part of your patient’s medical records and store it accordingly.
- This form may also be repurposed for inclusion into an electronic health record.

Patient Information	
Patient Name:	
Patient ID:	
Patient received counseling including review of the Medication Guide:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Probuphine Serial Number (located on the lower back left corner. See figure 1):	
<u>New</u> Probuphine Serial Number (If some of the implants are replaced, record the new Probuphine Serial Number from the replacement Probuphine kit.)	

Healthcare Providers Who Prescribe, Insert, and Remove Probuphine			
	Prescriber	inserter	Remover
Name (Please Print):			
Signature:			
NPI or other Clinician ID:			

Figure 1.



Care Transfer

Indicate the prescriber who will care for the patient post-insertion if/when it is different from the original prescriber. It is preferable that patients return to the inserter/remover with any complications related to the insertion/removal procedure.

Physician Name:	
NPI Number:	
Date:	
Signature:	

Probuphine Implant Insertion and Removal Log

	Probuphine Insertion	Probuphine Removal
Date of Insertion or Removal:		
Indicate the following: <ul style="list-style-type: none"> Exact Location of the Insertion and Removal sites Number of implants inserted or removed 		
If applicable, indicate the following: <ul style="list-style-type: none"> Issues or difficulties with the procedure Reasons for why the insertion or removal procedure was not completed or performed – if known Adverse Events Related to the Implant Site 		

Patient Contact Log

Note any actions taken to contact the patient for the removal of Probuphine implants, including dates.

Date	Details