

**PROBUPHINE® (buprenorphine HCl) Implant CIII
Subdermal Use Only**

Probuphine REMS Program Procedure Record for Recertification

Note: This is an optional tool for use by inserter/removers to document the procedures they have completed and may be provided to the Probuphine REMS Program if audited. Additional copies of the form may be found on www.PROBUPHINEREMS.com.

Name of inserter/remover: _____

Location (practice name/address) of insertion/removal procedure:

Date	Insertion or Removal	Kit Serial Number

(add lines above if needed)

ATTESTATION

“I attest that the insertion/removal procedures noted above were successful. “Successful” implantation and removal procedures exclude attempted procedures that require assistance of other surgical specialties for completion. Removal procedures assisted by imaging studies prior to completion can be included, provided that the HCP successfully removes all implants identified by imaging without involving additional surgical consultants.

Signature of inserter/remover

Date