**Appendix 2**

**Hepatitis C – Medication Running Balance**

|  |  |
| --- | --- |
| **Patient details** | |
| Patient name |  |
| Patient CHI/DOB |  |
| Date patient commenced treatment |  |
| Method of supply (delete as appropriate) | Daily COP / Daily / Weekly / Fortnightly / Monthly |
| Treatment month number  (delete as appropriate) | Month 1 / Month 2 / Month 3 |

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| Medication details |  |

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| Date | Quantity issued | Running Balance | Checked by |  | Date | Quantity issued | Running Balance | Checked by |
| Opening balance | |  |  |  |  |  |  |  |
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