BRA ALBA ASL CN2	Modulo per la richiesta di farmaci stupefacenti tabella II D	Codice: MODFARM07 Data: 22 Aprile 2025 Revisione: 6

SERVIZIO RICHIEDENTE_____**CDC**_____

	FARMACO	N° CONF RICHIESTE
	DEPALGOS*28CPR 10MG+325MG	
	DEPALGOS*28CPR 5MG+325MG	
	EFFENTORA*4CPR MUCOSAOS 100MCG	
	EFFENTORA*4CPR MUCOSAOS 200MCG	
	MATRIFEN*3CER 12MCG/ORA	
	FENTICER *3CER 25MCG/ORA	
	FENTICER*3CER 50MCG/ORA	
	TWICE*30MG 16 CPS RP	
	TWICE*10MG 16 CPS RP	
	ORAMORPH*OS 20FL 5ML 10mg	
	TAPELOD*40CPR 25MG RP	
	TAPELOD*30CPR 50MG RP	
	TADOMON*30CPR 100MG RP	
	DOLSTIP*28CPR 10MG+5MG RP	
	OXYPRONAL*28CPR 20MG+10MG R.P.	
	OXYPRONAL *28CPR 40MG+20MG R.P	
	OXYPRONAL *28CPR 5MG+2,5MG R.P.	
	TRAMADOLO GTT 10ML	
	TRAMADOLO*20CPR 100MG	
	DURLEVATEC 30MG - 52,5MCG/ORA	
	DURLEVATEC 20MG 35MCG/ORA	
	PATROL*20CPR RIV 37,5MG+325MG	
	OSSICODONE 28 CPR RP 5 MG	
	OSSICODONE 28 CPR RP 10 MG	
	PECFENT*SPR NAS 1FL 100MCG/D (solo x SS HOSPICE E CURE PALLIATIVE)	

Data _____ Timbro e Firma di Dirigente Medico