



Emergency Department
BUPRENORPHINE-NALOXONE (SUBOXONE)
TO-GO PACKS

ASSESSMENT & DISPENSING RECORD

This form is to be completed by nursing when dispensing a Buprenorphine-Naloxone To-Go Pack from the SPH Emergency Department.

Date: _____ Time: _____

ASSESSMENT DETAILS	
Allergies:	
Address:	
Prescriber:	
MEDICATION DETAILS	
Medication Dispensed	buprenorphine-naloxone 2 mg-0.5 mg tablet sublingual 18 tablets for take home induction
Indication	For treatment of opioid use disorder
Repeats	No repeats
TRAINING DETAILS	
<input type="checkbox"/> Buprenorphine-Naloxone To-Go pack training provided to patient	
DISPENSER DETAILS	
Name:	Signature:
Designation:	Nurse Witness Signature:

WHEN COMPLETE, FAX THIS FORM TO THE CROSSTOWN CLINIC AT 604-689-3996

PLACE ORIGINAL COPY IN PATIENT CHART