


-----BC CONTROLLED PRESCRIPTION FORM-----

<b>PERSONAL HEALTH NO.</b> 1234 567 890			<b>PRESCRIBING DATE</b> 28 DAY   06 MONTH   21 YEAR		
<b>PATIENT NAME</b>	FIRST (GIVEN) Generic	MIDDLE / INITIAL A	LAST (SURNAME) Name		
<b>PATIENT ADDRESS</b>	STREET 123 Main Street		DATE OF BIRTH		
	CITY Victoria	PROVINCE BC	03 DAY	09 MONTH	88 YEAR
Rx: DRUG NAME AND STRENGTH Buprenorphine/naloxone 2mg/0.5mg		ONLY ONE DRUG PER FORM		VOID IF ALTERED	
<b>QUANTITY (IN UNITS)</b>					
86.5mg <small>NUMERIC</small>		Eighty-six and one half milligrams <small>ALPHA</small>			
<b>THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)</b>					
START DATE: 29 DAY   06 MONTH   21 YEAR		END DATE: 08 DAY   07 MONTH   21 YEAR			
<b>TOTAL DAILY DOSE</b> Refer to Directions			<b>NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION</b>		
/ <small>NUMERIC</small>		/ <small>ALPHA</small> mg/day		Nil <small>ALPHA</small>	
<input type="checkbox"/> <b>NOT AUTHORIZED FOR DELIVERY</b>					
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS  Buprenorphine/naloxone sublingual tablets micro-dosing induction Day 1: 0.5mg twice a day Day 2: 0.5mg three times a day Day 3: 1mg twice a day Day 4: 2mg twice a day Day 5: 2mg three times a day Day 6: 4mg three times a day Day 7: 12mg once daily Day 8-10: 12mg once daily and up to 2 x 2mg/0.5mg tabs as needed Dispense all doses in blister packaging Release June 28 for carry, no witness					
<b>NO REFILLS PERMITTED</b>		PRESCRIBER'S SIGNATURE 			
<b>VOID AFTER 5 DAYS</b> UNLESS PRESCRIPTION IS FOR OAT					
PRESCRIBER'S CONTACT INFORMATION Generic Prescriber 123 Health Street Victoria BC V8Z 4H4			91-09898 <b>PRESCRIBER ID</b> 0000000005 <b>FOLIO</b>		
Tel: 250-999-9911 Fax: 250-999-9119					
<b>PHARMACY USE ONLY</b>					
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		