

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

PERSONAL HEALTH NO. 1234 567 890			PRESCRIBING DATE 28 DAY 06 MONTH 21 YEAR		
PATIENT NAME	FIRST (GIVEN) Generic	MIDDLE / INITIAL A	LAST (SURNAME) Name		
PATIENT ADDRESS	STREET 123 Main Street		CITY Victoria		PROVINCE BC
Rx: DRUG NAME AND STRENGTH Buprenorphine/naloxone 2mg/0.5mg			ONLY ONE DRUG PER FORM		VOID IF ALTERED
QUANTITY (IN UNITS) 16mg <small>NUMERIC</small>			Sixteen milligrams <small>ALPHA</small>		
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)					
START DATE: 29 DAY 06 MONTH 21 YEAR		END DATE: 29 DAY 06 MONTH 21 YEAR			
TOTAL DAILY DOSE Refer to Directions <small>NUMERIC</small>			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION Nil <small>ALPHA</small>		
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY					
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS Buprenorphine/naloxone sublingual tablets Target dose is 12mg/3mg buprenorphine/naloxone, plus 2 x 2mg/0.5mg buprenorphine/naloxone as needed Dispense 8 x 2mg/0.5mg tabs as carries in vial, no witness For induction in prescriber's office					
NO REFILLS PERMITTED			PRESCRIBER'S SIGNATURE 		
VOID AFTER 5 DAYS <small>UNLESS PRESCRIPTION IS FOR OAT</small>			PRESCRIBER ID 91-09898		
PRESCRIBER'S CONTACT INFORMATION Generic Prescriber 123 Health Street Victoria BC V8Z 4H4			FOLIO 000000006		
PHARMACY USE ONLY					
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		