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

PERSONAL HEALTH NO.					PRESCRIBING DATE				
1234 567 890					29 DAY	06 MONTH	21 YEAR		
PATIENT FIRST (GIVEN)	MIDDLE / INITIAL				LAST (SURNAME)				
NAME Generic	Α			Nar	Name				
PATIENT STREET 123 Main Street	eet								
ADDRESS CITY		INCE	03	DATE OF BIRTH 03 09 88					
Victoria				BC			DAY MONTH YEAR		
Rx: DRUG NAME AND STRENGTH	C	ONLY ONE	DRUG PER FORM			VOID IF AL	TERED		
Buprenorphine/nalog	xone 2mg/0.	5mg							
QUAI									
16mg	Sixt	teen m	nilligrams						
NUMERIC					LPHA				
THIS AREA MUST BE	COMPLETED	N FULL	FOR OPIOID	AGON	IST TREA	TMENT (O	AT)		
START DATE: 30	THE TANK OF THE	1	END DATE:	30	06	2			
TOTAL DAILY DOSE			NUMBER OF DAYS PER WEEK OF						
			DAILY WITNESSED INGESTION						
16 Sixteen			Nil		Nil				
NUMERICALPHA			NUMERIC		ALPHA				
NOT AUTHORIZED FO	OR DELIVERY								
DIRECTION FOR USE, INDICATION	ON FOR THERAPY	, OR SPE	CIAL INSTRUCTION	ONS					
Buprenorphine/nalogo Dispense 1 x 8mg/2r	•	_	•		s June 2	9. 2021.	no		
witness						o,,			
For Day 2 of inductio	n in prescribe	er's of	fice						
Tor Bay 2 or madello	m present	C1 5 01							
NO REFILLS PERM	IITTED	PRESCR	IBER'S SIGNATURE						
VOID AFTER 5 DAYS UNLESS PRESCRIPTION IS FOR OAT			M						
PRESCRIBER'S CONTACT INFORMATIO		<u> </u>	<u>/`</u>	9:	 1-09898				
Generic Prescriber Tel: 250-999-9				PRESCRIBER ID					
123 Health Street	Fax: 250)-999-	9119	00	000000007				
Victoria BC V8Z 4H4		F		F	OLIO				
	PHA	RMAC	/ USE ONLY						
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST						