

-----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
Rx: DRUG NAME AND STRENGTH		ONLY ONE DRUG PER FORM		VOID IF ALTERED
Buprenorphine/naloxone 2mg/0.5mg				
<b>QUANTITY (IN UNITS)</b>				
32mg <small>NUMERIC</small>		Thirty-two 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: 30 DAY   06 MONTH   21 YEAR		
<b>TOTAL DAILY DOSE</b>		<b>NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION</b>		
Refer to Directions  <small>NUMERIC</small>		Nil  <small>ALPHA</small>		
<input type="checkbox"/> <b>NOT AUTHORIZED FOR DELIVERY</b>		<small>mg/day</small>		
<b>DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS</b>				
Buprenorphine/naloxone sublingual tablets Day 1: 12mg/3mg, plus 2 x 2mg/0.5mg as needed Day 2: 12mg/3mg, plus 2 x 2mg/0.5mg as needed Dispense as 1 x 8mg/2mg and 12 x 2mg/0.5mg tabs Dispense all doses as carries, no witness For induction in prescriber's office				
<b>NO REFILLS PERMITTED</b>		PRESCRIBER'S SIGNATURE		
<b>VOID AFTER 5 DAYS</b> <small>UNLESS PRESCRIPTION IS FOR OAT</small>				
PRESCRIBER'S CONTACT INFORMATION		91-09898		
Generic Prescriber		<b>PRESCRIBER ID</b>		
123 Health Street		0000000008		
Victoria BC V8Z 4H4		<b>FOLIO</b>		
<b>PHARMACY USE ONLY</b>				
RECEIVED BY: PATIENT OR AGENT SIGNATURE		SIGNATURE OF DISPENSING PHARMACIST		