


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

PERSONAL HEALTH NO. 1234 567 890			PRESCRIBING DATE 30 DAY 11 MONTH 21 YEAR		
PATIENT NAME	FIRST (GIVEN) Generic	MIDDLE / INITIAL A	LAST (SURNAME) Name		
PATIENT ADDRESS					
STREET 123 Main Street					
CITY Victoria		PROVINCE BC		DATE OF BIRTH 03 DAY 09 MONTH 88 YEAR	
Rx: DRUG NAME AND STRENGTH ONLY ONE DRUG PER FORM VOID IF ALTERED					
Buprenorphine/naloxone 8mg/2mg					
QUANTITY (IN UNITS)					
672mg <small>NUMERIC</small>		Six hundred and seventy-two milligrams <small>ALPHA</small>			
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)					
START DATE: 01 DAY 12 MONTH 21 YEAR			END DATE: 28 DAY 12 MONTH 21 YEAR		
TOTAL DAILY DOSE			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION		
24 <small>NUMERIC</small>		Twenty-four <small>ALPHA</small>	mg/day	Nil <small>NUMERIC</small>	
				Nil <small>ALPHA</small>	
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY					
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS					
Buprenorphine/naloxone 24mg/6mg sublingual once daily Dispense all doses as carries, November 30, 2021 no witness					
NO REFILLS PERMITTED			PRESCRIBER'S SIGNATURE		
VOID AFTER 5 DAYS <small>UNLESS PRESCRIPTION IS FOR OAT</small>					
PRESCRIBER'S CONTACT INFORMATION				91-09898	
Generic Prescriber		Tel: 250-999-9911		PRESCRIBER ID	
123 Health Street		Fax: 250-999-9119		0000000009	
Victoria BC V8Z 4H4		FOLIO			
PHARMACY USE ONLY					
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		