

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

PERSONAL HEALTH NO. 9123 456 789				PRESCRIBING DATE <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">06 <small>DAY</small></div> <div style="text-align: center;">04 <small>MONTH</small></div> <div style="text-align: center;">25 <small>YEAR</small></div> </div>		
PATIENT NAME FIRST (GIVEN) Jared		MIDDLE INITIAL		LAST (SURNAME) Frye		
PATIENT ADDRESS STREET 123 Main Street CITY Victoria						
PROVINCE BC				DATE OF BIRTH <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">12 <small>DAY</small></div> <div style="text-align: center;">05 <small>MONTH</small></div> <div style="text-align: center;">88 <small>YEAR</small></div> </div>		
Rx DRUG NAME AND STRENGTH Buprenorphine/naloxone 2mg/0.5mg						
ONLY ONE DRUG PER FORM VOID IF ALTERED						
QUANTIT (IN UNITS) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> 65mg <small>NUMERIC</small> </div> <div style="text-align: center;"> Sixty-five milligrams <small>ALPHA</small> </div> </div>						
THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)						
<div style="display: flex; justify-content: space-between;"> <div> START DATE: 04 / 06 / 2025 <small>DAY MONTH YEAR</small> </div> <div> END DATE: 11 / 06 / 2025 <small>DAY MONTH YEAR</small> </div> </div>						
TOTAL DAILY DOSE Refer to directions <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <small>NUMERIC</small> </div> <div style="text-align: center;"> <small>ALPHA</small> </div> <div style="text-align: center;"> mg/day </div> </div>			NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Nil <small>NUMERIC</small> </div> <div style="text-align: center;"> Nil <small>ALPHA</small> </div> </div>			
<input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY						
DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS Buprenorphine/naloxone sublingual tablets low-dose induction Day 1: 0.5mg/0.125mg twice daily Day 2: 1mg/0.25mg twice daily Day 3: 2mg/0.5mg twice daily Day 4: 3mg/0.75mg twice daily Day 5: 4mg/1mg twice daily Day 6: 6mg/1.5mg twice daily Day 7: 8mg/2mg twice daily Days 8: 16mg/4mg once daily Dispense all doses in bubble packaging Dispense June 4 as take-home doses, no witness						
NO REFILLS PERMITTED			PRESCRIBER SIGNATURE			
VOID AFTER 5 DAYS <small>UNLESS PRESCRIPTION IS FOR OAT</small>						
PRESCRIBER'S CONTACT INFORMATION Generic Prescriber 123 Health Street Victoria, BC V8Z 4H4				91-09898 PRESCRIBER ID		
Tel: 250-999-9911 Fax: 250-999-9119				5555555 FOLIO		
PHARMACIST USE ONLY						
RECEIVED BY: PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST			