

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

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| PERSONAL HEALTH NO. 9123 456 789 | | | | PRESCRIBING DATE <div style="display: flex; justify-content: space-around;"> <div>05 DAY</div> <div>06 MONTH</div> <div>25 YEAR</div> </div> | | |
| PATIENT NAME FIRST (GIVEN) MIDDLE INITIAL LAST (SURNAME) Aimee Larson | | | | | | |
| PATIENT ADDRESS STREET 123 Main Street CITY Victoria PROVINCE BC | | | | | | |
| Rx DRUG NAME AND STRENGTH Buprenorphine/naloxone 2mg/0.5mg | | | | DATE OF BIRTH <div style="display: flex; justify-content: space-around;"> <div>23 DAY</div> <div>09 MONTH</div> <div>78 YEAR</div> </div> | | |
| ONLY ONE DRUG PER FORM VOID IF ALTERED <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> QUANTIT (IN UNITS) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> 58mg <small>NUMERIC</small> </div> <div style="width: 60%;"> Fifty-eight milligrams <small>ALPHA</small> </div> </div> </div> | | | | | | |
| THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT) | | | | | | |
| START DATE: <u>05</u> <u>06</u> <u>2025</u> END DATE: <u>09</u> <u>06</u> <u>2025</u> <small>DAY MONTH YEAR DAY MONTH YEAR</small> | | | | | | |
| TOTAL DAILY DOSE Refer to directions <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 30%;"> <small>NUMERIC</small> </div> <div style="width: 30%;"> Nil <small>ALPHA</small> </div> <div style="width: 30%;"> mg/day <small>ALPHA</small> </div> </div> | | | NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 30%;"> Nil <small>NUMERIC</small> </div> <div style="width: 30%;"> 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 four times daily Day 2: 1mg/0.25mg four times daily Day 3: 2mg/0.5mg four times daily Day 4: 3mg/0.75mg four times daily Day 5: 4mg/1mg four times daily Day 6: 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 Tel: 250-999-9911 Fax: 250-999-9119 | | | | 91-09898 PRESCRIBER ID 5555555 FOLIO | | |
| PHARMACIST USE ONLY | | | | | | |
| RECEIVED BY: PATIENT OR AGENT SIGNATURE | | | SIGNATURE OF DISPENSING PHARMACIST | | | |