

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

PERSONAL HEALTH NO. 9123 456 789			PRESCRIBING DATE <div style="display: flex; justify-content: space-around;"> <div>09 DAY</div> <div>06 MONTH</div> <div>25 YEAR</div> </div>																										
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DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS Buprenorphine/naloxone sublingual tablets traditional induction Day 1: 2mg/0.5mg every 1-3 hours until withdrawal symptoms alleviated, up to 16mg/4mg on day 1 Day 2: 16mg/4mg once daily Day 3: 16mg/4mg once daily Dispense all doses June 9 as take-home doses, no witness <div style="text-align: right; margin-top: 20px;"> </div>																													
NO REFILLS PERMITTED			PRESCRIBER SIGNATURE																										
VOID AFTER 5 DAYS UNLESS PRESCRIPTION IS FOR OAT																													
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																													
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