

Can handwrite or type your information in this box. Contact CPSM for templates to prepopulate to save time.

EXAMPLE: SUBOXONE HANDWRITTEN M3P FORM

For Facsimile Transmission of M3P Prescriptions During COVID-19

Prescriber Name
Dr. Good Example

Registration # **12-345**

Clinic Name
GOOD HEALTH CLINIC

Prescriber Address
**123 Good Street
Winnipeg MB, R3M 0V9**

Prescriber Telephone #
**204-232-1991 (private cell)
204-788-8686 (Good Health Clinic)**

Prescriber Facsimile # **204-788-8685**

Prevents treatment delay if clarification needed.

Confidential Facsimile to:

Pharmacy Name
Example Pharmacy

Pharmacy Fax # **204 588 8687**

Pharmacy PH # **204 588 8689**

Date **April 5, 2021**

Time **1330**

PATIENT NAME:
SMITH, Jane

ADDRESS:
456 Main St WPG MB R3M 0T8

PHIN: **123 456 789** DOB: **15 May 1991**

DATE: **April 5, 2021**

NAME OF DRUG & STRENGTH
Suboxone 24 mg

TOTAL QUANTITY TO BE DISPENSED
672 (Six hundred + Seventy two) mg

TO BE DISPENSED } **Witnessed dose 3d/wk (Tue, Thu, Sat)**

INTERVAL (# DAYS) } **Take-home dose 4d/wk (Mon, Wed, Fri, Sun)**

INDICATION
Opioid Use Disorder

DIRECTIONS FOR USE
**Suboxone 24 (Twenty Four) mg SL OD
Starting April 5, 2021.
Last day May 2, 2021.**

PRESCRIBER SIGNATURE
[Signature]

Strong recommendation to write total daily dose (vs 2 mg and/or 8 mg tablet sizes) to give pharmacist flexibility to use the strengths available to make up dose.

Prescriber must complete Total Quantity in mg, alphabetically and numerically, for accuracy, even if start and end date noted.

Total daily dose, written numerically and alphabetically, for accuracy. Start and End calendar dates necessary for OAT. If patient missed dose on day 10 of 28-day Rx, they cannot take it day 29 (Rx ends on day 28). Prescriber to be informed of any missed doses.

If a M3P prescription is being faxed, the daily dosage **must** be clearly indicated below (in addition to being noted on the M3P form itself): **Suboxone 24 (Twenty Four) mg SL OD**

Practitioner Certification

- This prescription represents the original of the prescription drug order.
- The pharmacy addressee noted above is the only intended recipient and there are no others.
- The original prescription has been invalidated and securely filed, and will not be transmitted elsewhere at another time.
- Quantity is stated in words and numerals.

This telecopy is confidential and is intended to be received by the addressee only. If the reader is not the intended recipient thereof, you are advised that any dissemination, distribution or copying of this facsimile is strictly prohibited.

Example of prescription for patient on a stable dose, building carries and clinical stability in recovery.

Daily dose written numerically and alphabetically, in this second area to ensure accuracy, in case fax artifacts cover the primary daily dose notation.