

EXAMPLE: METHADONE EMR-GENERATED FORM

For Facsimile Transmission of M3P Prescriptions During COVID-19

NOTE A COVER SHEET WITH ALL THE REQUIRED PHARMACY AND PRESCRIBER INFORMATION AND CERTIFICATIONS MUST ALSO BE INCLUDED WHEN FAXED TO THE PHARMACY

Patient Name: **SMITH, Jane**
Address: **456 Main Street Winnipeg, MB R3V 0T8**
PHIN: **123 456 789**
DOB: **15 MAY 1995**
DATE: **05 APR 2021**

Strong recommendation to write dose in milligrams (20 mg) NOT milliliters (mL) to prevent dosing errors. Writing "methadone" gives pharmacist option to use available formulations.

Selected from EMR medication menu: **Methadone 20 mg po OD**

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

NAME OF DRUG & STRENGTH:	Methadone 20 milligrams
TOTAL QUANTITY TO BE DISPENSED:	100 (One hundred) milligrams
TO BE DISPENSED:	Daily witnessed ingestion
INTERVAL (# DAYS):	N/A (see above)
INDICATION:	Opioid Use Disorder
DIRECTIONS FOR USE:	Methadone 20 (Twenty) mg po OD Starting April 5, 2021. Last day April 9, 2021.

Total daily dose written numerically and alphabetically, for accuracy. Start and End calendar dates necessary for OAT. If patient missed dose on day 3 of 5-day Rx, they cannot take it day 6 (Rx ends on day 5). Prescriber to be informed of any missed doses.

Prescriber Name: **Dr. Good Example** Registration# 12-345

Prescriber Signature: 

Could be an example of an induction or early treatment prescription for a patient without clinical stability or carries doses.

Prescriber contact: **204-232-1991** (private cell) or 204-788-8686 (Good Health Clinic)

Prevents treatment delay with direct number if clarification needed.