

# EXAMPLE: SUBLOCADE 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**

Suggest calling the pharmacy prior to sending Rx to ensure they are able to order Sublocade and/or deliver the dose prior to the intended administration date.

Selected from EMR medication menu: **Sublocade 300 mg SC Injection x 1**

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

NAME OF DRUG & STRENGTH:	Sublocade 300 milligrams
TOTAL QUANTITY TO BE DISPENSED:	300 (Three hundred) milligrams
TO BE DISPENSED:	To be delivered to Clinic for subcutaneous injection by RN
INTERVAL (# DAYS):	N/A (see above)
INDICATION:	Opioid Use Disorder
DIRECTIONS FOR USE:	Sublocade 300 (Three hundred) mg SC Injection x 1 vial q 30 days

Dose written numerically and alphabetically, for accuracy. Prescriber may elect to not write date for intended injection in the event that it is not administered that day. However, clinic staff must call pharmacy to inform them of the date administered for pharmacy documentation and collaboration. Note, DPIN will reflect the date Sublocade was dispensed, not the date it was administered.

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

Prescriber Signature:

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

Prevents treatment delay with direct number if clarification needed.