

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

Selected from EMR medication menu: **Suboxone 24 mg SL OD**

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

NAME OF DRUG & STRENGTH:	Suboxone 24 milligrams
TOTAL QUANTITY TO BE DISPENSED:	672 (Six hundred and seventy two) milligrams
TO BE DISPENSED:	Witnessed doses 3 days/week: Tue, Thu, & Sat Take-home doses 4 days/week: Mon, Wed, Fri, & Sun
INTERVAL (# DAYS):	N/A (see above)
INDICATION:	Opioid Use Disorder
DIRECTIONS FOR USE:	Suboxone 24 (Twenty four) mg SL OD Starting April 5, 2021. Last day May 2, 2021.

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.

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

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

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.