

Opioid Agonist Treatment Facsimile Transmission of Prescriptions Template

Prescriber Name

Registration # _____

Clinic Name

Prescriber Address

Prescriber Telephone #

Prescriber Facsimile #

*Attach M3P form for methadone or buprenorphine-naloxone and indicate dose in box below.

Confidential Facsimile to:

Pharmacy Name

Pharmacy Fax # _____

Date _____

Time _____

If a prescription for methadone or buprenorphine-naloxone is being faxed, the daily dosage **must** be clearly indicated below (in addition to being noted on the M3P form itself):

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. Use of this form for purposes or by persons not authorized under the *Controlled Drugs and Substances Act* and its regulations is a criminal act.