

# 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, Susan**

Address: **#45 - 6 Gendreau Street Ste Rose du Lac, MB R0L 1S0**

PHIN: **123 456 789**

DOB: **15 SEPTEMBER 1989**

DATE: **28 OCT 2021**

Strong recommendation to write total daily dose (vs 2 mg tablet size x 2 for this induction dose) to give pharmacist flexibility to use the tablet 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. And even for a dose x 1, where the dose and the total quantity are the same.

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. Even for dose x 1 the date must be written. For an induction Rx can also indicate the time for the dose.

Selected from EMR medication menu: **Suboxone 4 mg SL x 1**

NAME OF DRUG & STRENGTH:	Suboxone 4 milligrams
TOTAL QUANTITY TO BE DISPENSED:	4 (Four) milligrams
TO BE DISPENSED:	Witnessed dose x 1
INTERVAL (# DAYS):	N/A (see above)
INDICATION:	Opioid Use Disorder
DIRECTIONS FOR USE:	Suboxone 4 (Four) mg SL x 1 October 28, 2021 @ 17h30

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

Prescriber Signature:

Example of induction dose prescription for patient on the first day.

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

Prevents treatment delay with direct number if clarification needed.