Prescription Package

For authorized registered nurse and registered psychiatric nurse prescribing of opioid agonist treatment medications

This document collates examples of the Controlled Prescription Program forms that RNs and RPNs will likely write as part of their scope of practice.

The protocols for inductions, dose decreases, or restarts are based upon those outlined in the Decision Support Tool: Registered Nurse and Registered Psychiatric Nurse Prescribing of Buprenorphine/naloxone and Decision Support Tool: For RN and RPN Prescribing of Methadone or Slow-release Oral Morphine for Continuations, Titrations, or Restarts.

Note that the prescriptions included in this document are for example purposes to help guide prescription writing and emphasize best practices. In clinical practice, prescriptions should be written according to the needs of the patient.

Additional resources

The following modules contain education on how to write prescriptions for scenarios within RNs and RPNs' scope of practice:

- o Module 11: Buprenorphine/naloxone—How to Write a Prescription
- Module 14: Methadone—How to Write a Prescription
- o Module 16: Slow-release Oral Morphine

Prescription Checklist includes a checklist of items included on prescriptions

Table of contents

Prescription type	Example prescription in this document	Page
Buprenorphine/nalox	cone	
Micro-dosing induction with take-home dosing	10-day prescription for a micro-dosing induction, titrating up to a daily dose of 12mg/3mg buprenorphine/naloxone, with an additional 2 x 2mg/0.5mg for days 8–10, as needed	4
Traditional induction Day 1 and Day 2 with take-home dosing	2-day prescription for days 1 and 2 of a traditional induction	6
Continuation with take- home dosing	28-day prescription for 24mg/6mg buprenorphine/naloxone per day with all doses dispensed as take-home doses	7
Methadone		
Continuation, daily witnessed ingestion	28-day prescription for 80mg methadone/day, daily witnessed ingestion	8
Continuation with take- home dosing	28-day prescription for 100mg methadone/day, daily witnessed ingestion during the week and take-home dosing on the weekend	9
Dose decrease	5-day prescription for 60mg methadone/day	10
Dose titration	1-day prescription for 40mg methadone/day, daily witnessed ingestion	11
Restart	5-day prescription for 30mg methadone/day, daily witnessed ingestion	12

POATSP: RNs & RPNs

ubccpd.ca

Prescription type	Example prescription in this document	Page
Slow-release oral m	orphine (SROM)	
Continuation, daily witnessed ingestion	28-day prescription for 400mg SROM/day, daily witnessed ingestion	13
Dose decrease	1-day prescription for 480mg SROM/day, daily witnessed ingestion	14
Dose titration	1-day prescription for 580mg SROM/day, daily witnessed ingestion	15
Restart	1-day prescription for 200mg SROM/day	16

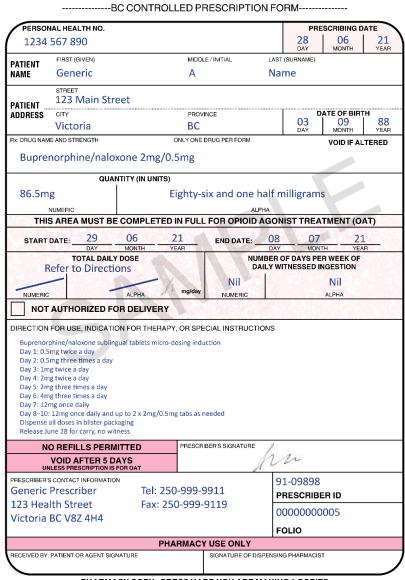


Buprenorphine/naloxone

Example prescription of a micro-dosing induction with carries

Potential scenarios as per RN/RPN scope of practice: Inductions or restarts

10-day prescription for a micro-dosing induction, titrating up to a daily dose of 12mg/3mg buprenorphine/naloxone, with an additional 2 x 2mg/0.5mg for days 8-10, as needed:







Buprenorphine/naloxone

Example prescription of a micro-dosing induction with carries (cont.)

Directions for use, indication for therapy, or special instructions text:

Buprenorphine/naloxone sublingual tablets micro-dosing induction

Day 1: 0.5mg twice a day

Day 2: 0.5mg three times a day

Day 3: 1mg twice a day

Day 4: 2mg twice a day

Day 5: 2mg three times a day

Day 6: 4mg three times a day

Day 7: 12mg once daily

Day 8–10: 12mg once daily and up to 2 x 2mg/0.5mg tabs as needed

Dispense all doses in blister packaging

Release June 28 for carry, no witness



Buprenorphine/naloxone

Example prescription of Day 1 and Day 2 of a traditional induction with take-home dosing

Potential scenarios as per RN/RPN scope of practice: Inductions or restarts

2-day prescription for days 1 and 2 of a traditional induction:

	NAL HEALTH NO.					PRES	SCRIBING	DATE
1234	567 890					28 DAY	06 MONTH	21 YEA
ATIFNIT	FIRST (GIVEN)		MIDDL	E/INITIAL	LAST (SUF		WONTH	TEA
PATIENT Name	Generic		Α		Name			
	STREET 123 Main St	reet						
PATIENT Address	CITY		PROVI	NCE		D/	ATE OF BI	IRTH
ADDIILOG	Victoria		ВС			O3 DAY	09 MONTH	88 YEA
Rx: DRUG NAM	IE AND STRENGTH		ONLY ONE [DRUG PER FORM		DAT		ALTERED
Bupre	norphine/nal	oxone 2mg/	0.5mg					
	QUA	ANTITY (IN UNITS	5)					
16mg		Sixte	en millig					
	NUMERIC S AREA MUST B	E COMPLETE	D IN FULL	FOR OPIOID		TREAT	TMENT (OAT)
START	20	06	21	END DATE:	29	06	100	21
O I A I I I	DAY	MONTH	YEAR	TE V	DAY	MONT		/EAR
F	TOTAL DAIL Refer to Direct				MBER OF D			
				Nil			Nil	
NUMERIC		ALPHA	mg/day	NUMERIC			ALPHA	
INOT		OD DELIVEDY						
	FOR USE, INDICAT	OR DELIVERY		CIAL INSTRUCTI	ONS			
DIRECTION	7 10 V to 188	TION FOR THERA	PY, OR SPE		ONS			
DIRECTION	FOR USE, INDICAT	TION FOR THERA Kone sublingu	PY, OR SPE	S		g/0.5m	ng	
DIRECTION Buprer Target	FOR USE, INDICAT	TION FOR THERA cone sublingu 3mg buprenc	PY, OR SPE ual tablets orphine/r	S		g/0.5m	ng	
Buprer Target buprer Dispen	FOR USE, INDICAT norphine/nalox dose is 12mg/ norphine/nalox ise 8 x 2mg/0.5	TION FOR THERA cone sublingu 3mg buprenc cone as need 5mg tabs as c	PY, OR SPE ual tablets orphine/r ed carries in	s naloxone, plu	s 2 x 2m	g/0.5m	ng	
Buprer Target buprer Dispen	FOR USE, INDICAT norphine/naloo dose is 12mg/ norphine/naloo	TION FOR THERA cone sublingu 3mg buprenc cone as need 5mg tabs as c	PY, OR SPE ual tablets orphine/r ed carries in	s naloxone, plu	s 2 x 2m	g/0.5m	ng	
Buprer Target buprer Dispen	FOR USE, INDICAT norphine/nalox dose is 12mg/ norphine/nalox ise 8 x 2mg/0.5	TION FOR THERA cone sublingu 3mg buprenc cone as need 5mg tabs as c	PY, OR SPE ual tablets orphine/r ed carries in	s naloxone, plu	s 2 x 2m	g/0.5m	ng	
Buprer Target buprer Dispen	FOR USE, INDICAT norphine/nalox dose is 12mg/ norphine/nalox ise 8 x 2mg/0.5	TION FOR THERA cone sublingu 3mg buprenc cone as need 5mg tabs as c	PY, OR SPE ual tablets orphine/r ed carries in	s naloxone, plu	s 2 x 2m	g/0.5m	ng	
Buprer Target buprer Dispen For inc	FOR USE, INDICAT norphine/nalox dose is 12mg/ norphine/nalox ise 8 x 2mg/0.5	nion FOR THERA kone sublingu 3mg buprenc kone as need 5mg tabs as c criber's office	PY, OR SPE ual tablets prphine/r ed arries in	s naloxone, plu	s 2 x 2m		ng	
Buprer Target buprer Dispen For inc	FOR USE, INDICAT norphine/nalox dose is 12mg/ norphine/nalox ise 8 x 2mg/0.5 duction in preso	TION FOR THERA kone sublingu 3mg buprend kone as need 5mg tabs as c criber's office	PY, OR SPE ual tablets prphine/r ed arries in	s naloxone, plu vial, no witne	s 2 x 2m		ng	-
Buprer Target buprer Disper For inco	FOR USE, INDICAT norphine/nalox dose is 12mg/norphine/nalox is 8 x 2mg/0.5 duction in presource of the control	TION FOR THERA kone sublingu 3mg buprenc kone as needd 5mg tabs as c criber's office	PY, OR SPE ual tablets prphine/r ed arries in the	s ialoxone, plu vial, no witne BER'S SIGNATURE	s 2 x 2m		ng	
Buprer Target buprer Dispen For inco	FOR USE, INDICAT norphine/nalox dose is 12mg/norphine/nalox is 8 x 2mg/0.5 duction in presoluction in presoluc	TION FOR THERA kone sublingu 3mg buprenc kone as neede 5mg tabs as c criber's office MITTED DAYS 8 FOR OAT ON Tel: 2:	PY, OR SPE ual tablets prphine/r ed arries in the	s saloxone, plu vial, no witne beers signature	s 2 x 2m	L		
Buprer Target buprer Dispen For inco	FOR USE, INDICAT norphine/nalox dose is 12mg/norphine/nalox is 8 x 2mg/0.5 duction in presoluction in presoluc	TION FOR THERA kone sublingu 3mg buprenc kone as neede 5mg tabs as c criber's office MITTED DAYS 8 FOR OAT ON Tel: 2:	PY, OR SPE ual tablets prphine/r ed arries in the	s saloxone, plu vial, no witne beers signature	91-0 PRES	09898	R ID	
Buprer Target buprer Dispen For inco	FOR USE, INDICAT norphine/nalox dose is 12mg/norphine/nalox is 8 x 2mg/0.5 duction in presoluction in presoluc	TION FOR THERA kone sublingu 3mg buprenc kone as neede 5mg tabs as c criber's office MITTED DAYS 8 FOR OAT ON Tel: 2:	PY, OR SPE ual tablets prphine/r ed arries in the	s saloxone, plu vial, no witne beers signature	91-0 PRES 0000	09898 SCRIBE	R ID	
Buprer Target buprer Dispen For inco	FOR USE, INDICAT norphine/nalox dose is 12mg/norphine/nalox is 8 x 2mg/0.5 duction in presoluction in presoluc	MITTED DAYS FOR THE A TE	PY, OR SPE ual tablets prphine/r ed arries in v PRESCRI 50-999-5	s ialoxone, plu vial, no witne been's signature 9911	91-0 PRES	09898 SCRIBE	R ID	
Buprer Target buprer Dispen For inc	FOR USE, INDICAT norphine/nalox dose is 12mg/norphine/nalox is 8 x 2mg/0.5 duction in presoluction in presoluc	MITTED DAYS S FOR OAT Tel: 2! Ph	PY, OR SPE ual tablets prphine/r ed arries in v PRESCRI 50-999-5	s saloxone, plu vial, no witne beers signature	91-0 PRES 0000 FOLI	09898 SCRIBE	#R ID 06	

PRINTED IN BRITISH COLUMBIA

Prescription Package Date of release: March 2022



Buprenorphine/naloxone

Example prescription of a continuation with take-home dosing

Potential scenarios as per RN/RPN scope of practice: Continuations for patients on a stable daily dose

28-day prescription for 24mg/6mg buprenorphine/naloxone per day with all doses dispensed as take-home doses, no witnessed doses:

	NAL HEALTH NO.					PRI	ESCRIBING I	DATE
1234	567 890					30	11	21
	FIRST (GIVEN)			E/INITIAL		DAY SURNAME)	MONTH	YEA
PATIENT				E / INITIAL				
NAME	Generic		Α		Nan	ie		
	STREET 123 Main St	root						
PATIENT	CITY	icet	PROVI	NOT	г	F	ATE OF BIR	TU
ADDRESS	Victoria		BC	NCE		03	09	1 88
By: DRUG NAM	ME AND STRENGTH			ORUG PER FORM		DAY	MONTH	YEA
				SHOOT ETT OTHE			VOID IF A	LIERED
Bupre	norphine/nal	oxone 8mg/2r	ng					
	QU	ANTITY (IN UNITS)						
672m		1 ' '	ındred	and sevent	v-two	milligra	ıms	
	NUMERIC	Jix iiu	mar ca					
		E COMPLETED I	N FULL		AGONI	ST TREA	TMENT (C	ΔT)
	01		100.010	24 (4)		1111	37	1
START	DATE: 01		21 AR	END DATE:	28 DAY	12 MON		AR
L .	TOTAL DAIL	Y DOSE	197			F DAYS PE	R WEEK OF	
				DA	AILY WIT	NESSEDI	NGESTION	
24		venty-four	mg/day	Nil			Nil	
NUMERIC		ALPHA	mg/day	NUMERIC			ALPHA	
П мот	AUTHORIZED F	OR DELIVERY						
		OR DELIVERY ION FOR THERAPY	, OR SPE	CIAL INSTRUCTI	ONS			
DIRECTION	FOR USE, INDICAT	ION FOR THERAPY						
DIRECTION Bupre	FOR USE, INDICAT	Oxone 24mg/6	i img su	blingual on		y		
DIRECTION Bupre Dispe	FOR USE, INDICAT norphine/nal nse all doses a	ION FOR THERAPY	i img su	blingual on		у		_
DIRECTION Bupre	FOR USE, INDICAT norphine/nal nse all doses a	Oxone 24mg/6	i img su	blingual on		y		<u>-</u>
DIRECTION Bupre Dispe	FOR USE, INDICAT norphine/nal nse all doses a	Oxone 24mg/6	i img su	blingual on		у		_
DIRECTION Bupre Dispe	FOR USE, INDICAT norphine/nal nse all doses a	Oxone 24mg/6	i img su	blingual on		у		_
Bupre Dispe	FOR USE, INDICAT norphine/nal nse all doses a	Oxone 24mg/6	i img su	blingual on		у		-
DIRECTION Bupre Dispe	FOR USE, INDICAT norphine/nal nse all doses a	Oxone 24mg/6	omg su rember	blingual ond		у		<u>-</u>
Bupre Dispe no wit	ror use, indicate anorphine/nal doses a tness	OX FOR THERAPY OX ONE 24 mg/6 IS CARRIES, NOV	omg su rember	blingual on	ce dail	y-		-
Bupre Dispe no wit	o REFILLS PER	oxone 24mg/6 as carries, Nov	omg su rember	blingual ond	ce dail	y		-
Bupre Dispe no wit	ror use, indicate anorphine/nal doses a tness	DON FOR THERAPY DOXONE 24mg/6 IS carries, Nov MITTED DAYS SFOROAT	omg su rember	blingual ond	h.	li		-
Bupre Dispe no with	o REFILLS PER	DON FOR THERAPY DOXONE 24mg/6 IS carries, Nov MITTED DAYS SFOROAT	PRESCRI	blingual ond	pose dail	-09898		- -
Bupre Dispe no with	orphine/nal enorphine/nal ense all doses a tness OREFILLS PERI VOID AFTER 5 NUESS PRESCRIPTION IS	DON FOR THERAPY DOXONE 24mg/6 as carries, Nov MITTED DAYS S FOR OAT	PRESCRI	blingual once 30, 2021 BER'S SIGNATURE	91	-09898	ER ID	-
Bupre Dispe no with N UI PRESCRIBERT Generic 123 Hea	or REFILLS PERIVOID AFTER 5 ULESS PRESCRIPTION IS CONTACT INFORMATI Prescriber	DON FOR THERAPY DOXONE 24mg/6 as carries, Nov WITTED DAYS BEOR OAT ON Tel: 250	PRESCRI	blingual once 30, 2021 BER'S SIGNATURE	91	-09898	ER ID	<u>- </u>
Bupre Dispe no with N UI PRESCRIBERT Generic 123 Hea	O REFILLS PERIVOID AFTER 5 ULESS PRESCRIPTION S CONTACT INFORMATI Prescriber Althur Street	DON FOR THERAPY DOXONE 24mg/6 as carries, Nov WITTED DAYS BEOR OAT ON Tel: 250	PRESCRI	blingual once 30, 2021 BER'S SIGNATURE	91 PR 00	-09898	ER ID	<u>- </u>
Bupre Dispe no with N UII PRESCRIBERT Generic 123 Hea	O REFILLS PERIVOID AFTER 5 ULESS PRESCRIPTION S CONTACT INFORMATI Prescriber Althur Street	DAYS S FOR OAT Tel: 250 Fax: 250	PRESCRI	blingual once 30, 2021 BER'S SIGNATURE	91 PR 00	-09898 ESCRIB	ER ID	-



Example prescription of a continuation, daily witnessed ingestion

Potential scenarios as per RN/RPN scope of practice: Continuations for patients on a stable daily dose

28-day prescription for 80mg methadone per day with all doses daily witnessed ingestion:

PERSON	IAL HEALTH NO.					PRE	SCRIBING D	ATE
1234	567 890					15 DAY	07 MONTH	21 YEA
ATIENT	FIRST (GIVEN)		MIDDL	E / INITIAL	LAST (S	URNAME)		120
IAME	Generic		Α		Nam	е		
	STREET							
PATIENT	123 Main St	reet					ATE OF BIR	
ADDRESS	Victoria		PROVI BC	NCE		03	09	88
Bx: DRUG NAM	E AND STRENGTH			DRUG PER FORM		DAY	MONTH	YEA
		∞I	OHE! OHE				VOID IF A	.TERED
ivietna	done 10mg/r							
		NTITY (IN UNIT	•					
2,240r	ng	Two	thousand	l two hundr	ed and	forty r	nilligram	S
	NUMERIC				РНА			
THIS	S AREA MUST B	2 27 1 TYN.	ya Tirki e LAS	FOR OPIOID	AGONIS	TIREA	TMENT (O	A1)
START	DATE: 15	MONTH -	21 YEAR	END DATE: _	11 DAY	08 MONT	2: TH YEA	
L ' ;	TOTAL DAIL		TEAR		MBER OF	DAYS PE	R WEEK OF	vn
90	1	Fields.		7	AILY WIII			
80 NUMERIC		Eighty	mg/day	NUMERIC			Seven ALPHA	
	AUTHORIZED F		v	HOMETHO			ALI HA	
	Carlo by the Rid of		V To Ba	OLAL INOTRILOT	10110			in the s
DIRECTION	FOR USE, INDICAT	ION FOR THER	APT, OR SPE	CIAL INSTRUCTI	IONS			
	done 80mg o	,						_
Daily v	vitnessed inge	estion						
		1/4						
		n						
N/) DECILLO DEDI	MITTED	PRESCRI	BER'S SIGNATURE	1			
	O REFILLS PERI VOID AFTER 5 [- Tribooriii	SELLO GIGIALITOLIE	ho	r		
UN	LESS PRESCRIPTION IS	FOR OAT		/	100			
	contact informati Prescriber		250-999-9	011		-09898		
	th Street		250-999-9 250-999-9		PRI	ESCRIBE	ER ID	
	BC V8Z 4H4	ı ax.	230-333-	9119	000	000000	03	
v ictoria	50 VOL 4114				FOI	LIO		
		F	HARMACY	USE ONLY				
RECEIVED BY:	PATIENT OR AGENT SI	GNATURE		SIGNATURE OF DI	SPENSING I	PHARMACIS	Т	
			l l					

PRINTED IN BRITISH COLUMBIA



Example prescription of a continuation with take-home dosing

Potential scenarios as per RN/RPN scope of practice: Continuations for patients on a stable dose

28-day prescription for 100mg methadone per day with daily witnessed ingestion during the week and take-home doses on weekends:

	NAL HEALTH NO.					PRI	ESCRIBING I	DATE
1234	567 890					12 DAY	08 MONTH	21 YEAR
PATIENT	FIRST (GIVEN)		MIDDLE	E / INITIAL	LAST	(SURNAME)	illoitii.	1 27 11
NAME	Generic		Α		Nar	me		
PATIENT	STREET 123 Main St	reet						
ADDRESS	CITY		PROVI	NCE	······		ATE OF BIR	
	Victoria		BC			O3 day	09 MONTH	88 YEAI
Rx: DRUG NAM	ME AND STRENGTH	c	ONLY ONE D	RUG PER FORM			VOID IF A	LTERED
Metha	adone 10mg/	mL						
	QU	ANTITY (IN UNITS)						
2,800	mg	Two tl	housar	nd eight hur	ndred	milligra	ms	
	NUMERIC				PHA			
THI	S AREA MUST E	BE COMPLETED I	IN FULL	FOR OPIOID	AGON	IST TREA	TMENT (O	AT)
START	DATE: 12		21	END DATE: _	08	09		1
	TOTAL DAI		AR				R WEEK OF	AR
					AILY WI	TNESSED I	NGESTION	
100 NUMERIO		One hundred	mg/day	5 NUMERIC			Five	
NUMERIC	0.00		130	NUMERIC		1.1	ALPHA	
NOT	AUTHORIZED	FOR DELIVERY						
	AUTHORIZED							
	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TION FOR THERAPY,	, OR SPEC	CIAL INSTRUCTI	IONS			
DIRECTION	FOR USE, INDICA	TION FOR THERAPY,	, OR SPEC	CIAL INSTRUCTI	IONS	133.75		
DIRECTION	FOR USE, INDICATE	once daily			IONS	1.2.2		
Metha Daily	FOR USE, INDICA adone 100mg witnessed ing	TION FOR THERAPY, once daily estion Monday	y–Frida	ıy				
Metha Daily	FOR USE, INDICA adone 100mg witnessed ing	once daily	y–Frida	ıy				<u>::\}</u>
Metha Daily	FOR USE, INDICA adone 100mg witnessed ing	TION FOR THERAPY, once daily estion Monday	y–Frida	ıy				
Metha Daily	FOR USE, INDICA adone 100mg witnessed ing	TION FOR THERAPY, once daily estion Monday	y–Frida	ıy				
Metha Daily	FOR USE, INDICA adone 100mg witnessed ing	TION FOR THERAPY, once daily estion Monday	y–Frida	ıy				
Metha Daily v Carry	FOR USE, INDICA adone 100mg witnessed ing	once daily estion Monday ay and Sunday,	y–Frida , disper	ıy	day			_
Metha Daily v Carry	FOR USE, INDICA adone 100mg witnessed ing doses Saturda	once daily estion Monday ay and Sunday,	y–Frida , disper	ly nsed on Fric	day	n		
Direction Metha Daily v Carry N N UI PRESCRIBER	adone 100mg witnessed ing doses Saturda O REFILLS PER VOID AFTER 5 SLESS PRESCRIPTION S CONTACT INFORMAT	once daily estion Monday ay and Sunday, MITTED DAYS ISFOROAT	y–Frida , disper	nsed on Fric	day	<i>l</i> -09898		
Metha Daily v Carry N N PRESCRIBER Generic	or REFILLS PER VOID AFTER 5 SUCH SESS PRESCRIPTION S CONTACT INFORMAT Prescriber	once daily estion Monday ay and Sunday, MITTED DAYS IS FOR OAT Tel: 250	y-Frida , disper	nsed on Fric	day //			
Metha Daily v Carry N N PRESCRIBER Generic 123 Hea	or REFILLS PER VOID AFTER 5 SUCCESS PRESCRIPTION S CONTACT INFORMAT Prescriber Although The Street	once daily estion Monday ay and Sunday, MITTED DAYS ISFOROAT	y-Frida , disper	nsed on Fric	day 9:	1-09898	ER ID	
Metha Daily v Carry N N PRESCRIBER Generic 123 Hea	or REFILLS PER VOID AFTER 5 SUCH SESS PRESCRIPTION S CONTACT INFORMAT Prescriber	once daily estion Monday ay and Sunday, MITTED DAYS IS FOR OAT Tel: 250	y-Frida , disper	nsed on Fric	9: PI	1-09898 RESCRIB	ER ID	
Metha Daily v Carry N N PRESCRIBER Generic 123 Hea	or REFILLS PER VOID AFTER 5 SUCCESS PRESCRIPTION S CONTACT INFORMAT Prescriber Although The Street	once daily estion Monday ay and Sunday, MITTED DAYS ISFOROAT TOIN Tel: 250 Fax: 250	PRESCRIE 0-999-9 0-999-9	nsed on Fric	9: PI	L-09898 RESCRIB	ER ID	
Metha Daily v Carry N PRESCRIBER Generic 123 Heavitation and the second	or REFILLS PER VOID AFTER 5 SUCCESS PRESCRIPTION S CONTACT INFORMAT Prescriber Although The Street	once daily estion Monday ay and Sunday, MITTED DAYS IS FOR OAT TOIN Tel: 250 Fax: 250	PRESCRIE 0-999-9 0-999-9	nsed on Fric	9: 9: 00	1-09898 RESCRIB 0000000	ER ID 004	

PRINTED IN BRITISH COLUMBIA



Example prescription of dose decrease

Potential scenarios as per RN/RPN scope of practice: Following 3–4 consecutive days of missed methadone doses

5-day prescription where methadone has been decreased to 60mg per day:

	IAL HEALTH NO.					PRE	SCRIBING D	ATE
1234	567 890					25	11	21
	FIRST (GIVEN)		MIDDLE	E/INITIAL	LAST (S	DAY URNAME)	MONTH	YEA
PATIENT NAME	Generic		Α		Nam	e		
	STREET							
PATIENT	123 Main St	reet						
ADDRESS	CITY		PROVI	VCE			ATE OF BIR	
	Victoria		BC			O3 DAY	MONTH	88 YEAI
Rx: DRUG NAM	E AND STRENGTH	(ONLY ONE D	RUG PER FORM			VOID IF A	TERED
Metha	adone 10mg/r	nL						
	OUA	ANTITY (IN UNITS)						
200		1 ' '		!!!:				
300m		Inre	e nun	dred milligra				
	NUMERIC S AREA MUST B	E COMPLETED	IN FIII I		AGONIS	TTREA	TMENT (O	AT)
	Year of the second	T 27 700 100	Jan . 1 (4) 5	FOR OF IOID	1	1325	27	
START	DATE: 25	MONTH YE	21 EAR	END DATE: _	29 DAY	11 MON		1 \R
	TOTAL DAIL	Y DOSE					R WEEK OF	
60	4.	Sixty	17	7	1		Seven	
NUMERIC		ALPHA	mg/day	NUMERIC			ALPHA	
	AUTHORIZED F		N. T.	1 4 17 18		1.1(1)	1 07 7	
	7 1 3 13 1	H. O. SA					人名其声	J. 1. 5
DIRECTION	FOR USE, INDICAT		, OR SPE	CIAL INSTRUCTI	ONS			
	done 60mg on	ce daily						
			SOma/d	and the same and the		2020		
	ecrease from 1	20mg/day to 6	Joing/ u	ay due to mi	issed d	0363		
Dose d	ecrease from 1 vitnessed inges		Joing/u	ay due to mi	issed d	J363		
Dose d			Jonig/u	ay due to mi	issed d			_
Dose d			Jonigra	ay due to mi	issed d			_
Dose d			Jonig/ u	ay due to mi	issed d			_
Dose d			Jonigy a	ay due to mi	issed d	0363		
Dose d Daily w	vitnessed inges	tion			issed d	0363		
Dose d Daily w	vitnessed inges	MITTED		BER'S SIGNATURE				
Dose d Daily w	vitnessed inges	MITTED				,, ,		
Dose d Daily w	O REFILLS PERI VOID AFTER 5 E ILLES PRESCRIPTION IS	MITTED DAYS SFOR OAT ON	PRESCRIE	BER'S SIGNATURE	hi			
Dose of Daily w	O REFILLS PERI VOID AFTER 5 D LESS PRESCRIPTION IS S CONTACT INFORMATIVE Prescriber	MITTED DAYS SFOROAT ON Tel: 250	PRESCRIE)-999-9	BER'S SIGNATURE	<i>M</i> 191-	, r		
Numprescribers: Generic 123 Hea	O REFILLS PERI VOID AFTER 5 C ILESS PRESCRIPTION IS S CONTACT INFORMATIVE Prescriber Ith Street	MITTED DAYS SFOR OAT ON	PRESCRIE)-999-9	BER'S SIGNATURE	91- PRI	.09898 ESCRIB	ER ID	
Numprescribers: Generic 123 Hea	O REFILLS PERI VOID AFTER 5 D LESS PRESCRIPTION IS S CONTACT INFORMATIVE Prescriber	MITTED DAYS SFOROAT ON Tel: 250	PRESCRIE)-999-9	BER'S SIGNATURE	91- PRI 000	-09898 ESCRIB	ER ID	
Numprescribers: Generic 123 Hea	O REFILLS PERI VOID AFTER 5 C ILESS PRESCRIPTION IS S CONTACT INFORMATIVE Prescriber Ith Street	MITTED DAYS BFOROAT ON Tel: 250 Fax: 250	PRESCRIE 0-999-9 0-999-9	GER'S SIGNATURE	91- PRI	-09898 ESCRIB	ER ID	
Numpressensers: Generic 123 Hea Victoria	O REFILLS PERI VOID AFTER 5 C ILESS PRESCRIPTION IS S CONTACT INFORMATIVE Prescriber Ith Street	MITTED DAYS BFOR OAT ON Tel: 250 Fax: 250	PRESCRIE 0-999-9 0-999-9	BER'S SIGNATURE	91- PRI 000 FOI		ER ID 005	



Example prescription of a dose titration

Potential scenarios as per RN/RPN scope of practice:

Dose titrations if the patient has not stabilized on their daily dose, following missed doses and the dose needs to be re-titrated, or during restarts

1-day prescription where a methadone dose has been increased to 40mg per day:

	NAL HEALTH NO.					PRES	CRIBING D	
1234	567 890					DAY	07 MONTH	21 YEA
ATIENT	FIRST (GIVEN)		MIDDLE	/INITIAL	LAST (SU			
AME	Generic		Α		Name	!		
	STREET 123 Main St	reet						
PATIENT Address	CITY		PROVIN	ICE		DA	TE OF BIRT	Н
	Victoria		BC			O3 DAY	09 MONTH	88 YEA
x: DRUG NAM	IE AND STRENGTH		ONLY ONE D	RUG PER FORM		DAT	VOID IF AL	
Metha	ndone 10mg/r	nL					VOIDIFAL	ILNED
200mg		ANTITY (IN UNITS)	nundrec	d milligrams				
•			iunui et	Ü				
	NUMERIC S AREA MUST B	E COMPLETED	IN FULL		PHA AGONIST	TREAT	MENT (O	AT)
START	00	and the second	21	END DATE:	12	07	21	
SIANI	DAY		EAR		DAY	MONTH		R
	TOTAL DAIL	Y DOSE			MBER OF D		WEEK OF GESTION	
40		Forty	1	7		S	even	
NUMERIC		ALPHA	mg/day	NUMERIC		<u> </u>	ALPHA	
NOT	AUTHORIZED F	OR DELIVERY	1					
DIRECTION	FOR USE, INDICAT	ION FOR THERAP	Y. OR SPEC	CIAL INSTRUCTI	ONS			
Metha	done 40mg o	nce daily						
		•						
Dose i	ncrease from	30mg/day to	40mg/	day				
Dose i		30mg/day to	40mg/	day				
Dose i	ncrease from	30mg/day to	40mg/	day				
Dose i	ncrease from	30mg/day to	40mg/	day				
Dose i	ncrease from	30mg/day to	40mg/	day				
Dose i	ncrease from	30mg/day to	40mg/	day				
Dose i Daily v	ncrease from witnessed ingo	30mg/day to estion		day BER'S SIGNATURE				
Dose i Daily v	ncrease from witnessed ingo O REFILLS PERI VOID AFTER 5 I	30mg/day to estion MITTED DAYS			pr	L		
Dose i Daily v	ncrease from witnessed ingo	30mg/day to estion MITTED DAYS SFOROAT			1			
Dose i Daily v	ncrease from witnessed inge O REFILLS PERI VOID AFTER 5 I	30mg/day to estion MITTED DAYS S FOR OAT		BER'S SIGNATURE	91-0	9898	B ID	
Dose i Daily v N N RESCRIBER'S Generic	O REFILLS PERI	MITTED DAYS S FOR OAT ON Tel: 250	PRESCRIE	DER'S SIGNATURE	91-0 PRES	9898 SCRIBE		
Note in Daily was not been provided in the Daily wa	O REFILLS PERI VOID AFTER 5 I LIESS PRESCRIPTION IS CONTACT INFORMATI Prescriber	MITTED DAYS S FOR OAT ON Tel: 250	PRESCRIE 0-999-9	DER'S SIGNATURE	91-0 PRES	9898		
Note in Daily was not been dependent of the Daily was not been dependent of the Daily was not been dependent on the Daily was not been dep	O REFILLS PERI VOID AFTER 5 I ILESS PRESCRIPTION IS CONTACT INFORMATI Prescriber Ith Street	MITTED DAYS S FOR OAT ON Tel: 250	PRESCRIE 0-999-9	DER'S SIGNATURE	91-0 PRES	09898 SCRIBE		
Nose i Daily v	O REFILLS PERI VOID AFTER 5 I ILESS PRESCRIPTION IS CONTACT INFORMATI Prescriber Ith Street	MITTED DAYS SFOROAT ON Tel: 250 Fax: 25	PRESCRIE 0-999-9 0-999-9	DER'S SIGNATURE	91-0 PRE	09898 SCRIBE		



Example prescription of a restart

Potential scenarios as per RN/RPN scope of practice: Between 5–30 consecutive days of missed methadone doses

5-day prescription for 30mg methadone per day:

,	NAL HEAL	TH NO.							PRES	CRIBING D	ATE
1234	567 890	0						01		07	21
	FIRST (GIV	/EN)			MIDDL	E/INITIAL	L/	ST (SURNA)		MONTH	YEAR
PATIENT Name	Gener				A	١	1	Name			
	STREET										
PATIENT	123 M	lain Str	eet								
ADDRESS	CITY	:-			PROVI	NCE		03		TE OF BIRT	н 88
RV: DRUG NAM	Victor ME AND STRE			ONI	BC	DRUG PER FORM		DAY		MONTH	YEAR
					LIONEL	TIOGT EITH ONW				VOID IF AL	TERED
Meth	adone 1	.Umg/n	1L								
		QUA	NTITY (IN UN	ITS)							4
150m	ng		(One h	undr	ed and fift	y mil	ligrams	5		
	NUMERIC						ALPHA				
THI	IS AREA I	MUST BE	COMPLE	TEDIN	FULL	FOR OPIOI	DAG	ONIST TE	REAT	MENT (O	AT)
START	DATE:	DAY	07 MONTH	21 YEAR		END DATE:	Acres de la constitución de la c	05 AY	07 MONT	2:	
	тот	TAL DAILY	DOSE		34			R OF DAY		WEEK OF	
30	1		Thirty			7	DAILT	WIINESS		ven	
NUMERIO	C		Thirty		mg/day	NUMERIC			:5/3.7	ALPHA	
			1000							9 1 2 2 2 2 2 2 2	
ПОИ	TAUTHOR	RIZED FO	OR DELIVE	RY							
	37.1	7-10	A CONTRACTOR	1	OR SPE	CIAL INSTRUC	CTIONS				
DIRECTION	N FOR USE,	INDICATION	ON FOR THE	RAPY, C		CIAL INSTRUC	CTIONS				
DIRECTION	N FOR USE,	INDICATION ON COMMENT	on FOR THE e daily, by	RAPY, C		CIAL INSTRUC	CTIONS				
DIRECTION	N FOR USE, adone 30 witnesse	INDICATION ON COMMENT	on FOR THE e daily, by	RAPY, C		CIAL INSTRUC	CTIONS				
Metha Daily v	N FOR USE, adone 30 witnesse	INDICATION ON COMMENT	on FOR THE e daily, by	RAPY, C		CIAL INSTRUC	CTIONS				
Metha Daily v	N FOR USE, adone 30 witnesse	INDICATION ON COMMENT	on FOR THE e daily, by	RAPY, C		CIAL INSTRUC	CTIONS				
Metha Daily v	N FOR USE, adone 30 witnesse	INDICATION ON COMMENT	on FOR THE e daily, by	RAPY, C		CIAL INSTRUC	CTIONS		19 (3)		
Metha Daily v	N FOR USE, adone 30 witnesse	INDICATION ON COMMENT	on FOR THE e daily, by	RAPY, C		CIAL INSTRUC	CTIONS				
Metha Daily v Restar	N FOR USE, adone 30 witnesse	INDICATION IN THE INDICATION I	ON FOR THE e daily, by ion	RAPY, C	th	CIAL INSTRUC	E //				
Metha Daily v Restar	N FOR USE, adone 30 witnesse rt OAT	INDICATION OF THE STATE OF THE	DN FOR THE e daily, by ion	RAPY, C	th		E //	n			
Metha Daily v Restar	N FOR USE, adone 30 witnessert OAT O REFILL VOID AFINLESS PRESS	INDICATION Img onc d ingest S PERM TER 5 D CRIPTION IS	DN FOR THE e daily, by ion IITTED AYS FOR OAT	RAPY, C	th PRESCRI	BER'S SIGNATUR	E //		398		_
Metha Daily v Restar	N FOR USE, adone 30 witnessert OAT O REFILL VOID AF STEEL	S PERM TER 5 D CRIPTION IS NFORMATIO	DN FOR THE e daily, by ion IITTED AYS FOR OAT N Tel:	PP P 250-9	PRESCRII	BER'S SIGNATUR	E //	N	-	R ID	
Metha Daily v Restar	N FOR USE, adone 30 witnessert OAT NO REFILL VOID AF INLESS PRESS IS CONTACT IS PRESCRIBALTH STREET	S PERM TER 5 D CRIPTION IS NFORMATIO	DN FOR THE e daily, by ion IITTED AYS FOR OAT N Tel:	RAPY, C	PRESCRII	BER'S SIGNATUR	E //	N 91-098	RIBE		_
Metha Daily v Restar	N FOR USE, adone 30 witnessert OAT O REFILL VOID AF STEEL	S PERM TER 5 D CRIPTION IS NFORMATIO	DN FOR THE e daily, by ion IITTED AYS FOR OAT N Tel:	PP P 250-9	PRESCRII	BER'S SIGNATUR	E //	91-098 PRESCI	RIBE		



Example prescription of a continuation, daily witnessed ingestion

Potential scenarios as per RN/RPN scope of practice: Continuations for patients on a stable daily dose

28-day prescription for 400mg SROM, daily witnessed ingestion:

	NAL HEALTH NO.				PRE	SCRIBING D	ATE
1234	567 890				13 DAY	07 MONTH	21 YEAR
DATIENT	FIRST (GIVEN)		MIDDLE / INITIAL	LAST (S	URNAME)	MONTH	TEAR
ATIENT IAME	Generic		Α	Nam	е		
	STREET 123 Main Str	reet					
PATIENT Address	CITY		PROVINCE		П	ATE OF BIRT	гн
ADDNESS	Victoria		BC		03	09	88
x: DRUG NAM	1E AND STRENGTH	ON	LY ONE DRUG PER FORM		DAY	VOID IF AL	YEAR
						VOID IF AL	TERED
Slow-r	release oral m	orphine 400mg					
	QUA	NTITY (IN UNITS)					
11,200	Omg	Elever	thousand two	hundre	d millig	rams	
	NUMERIC			ALPHA			
		COMPLETED IN	FULL FOR OPIOI		TTREA	TMENT (O.	AT)
START	DATE: 13	07 21	END DATE:	09	08	2:	i
	DAY	MONTH YEAR	RES	DAY	MON		R
	TOTAL DAIL	Y DOSE		UMBER OF DAILY WITH		R WEEK OF	
400	Fe Fe	our hundred	7			Seven	
NUMERIC			mg/day NUMERIC			ALPHA	
√ NOT	AUTHORIZED F	OR DELIVERY					
	FOR HOE INDIONE	ONE OD THE DARK	D ODEOUL MOTOUR	TIONO	13		
JIRECTION	FOR USE, INDICATI	ON FOR THERAPY, C	OR SPECIAL INSTRUC	HONS			
Slow-r	elease oral m		gonce daily, by	mouth			
	capsule and sp	orinkle pellets					
Open	capsule and sp witnessed inge						
Open							
Open							
Open							_
Open							
Open Daily v	witnessed inge	estion	PRESCRIBER'S SIGNATURE				
Open Daily v	o REFILLS PERM	AITTED F	['] RESCRIBER'S SIGNATURE	/			_
Open Daily v	O REFILLS PERM VOID AFTER 5 E	AITTED FAYS FOR OAT	PRESCRIBER'S SIGNATURE	m			_
Open Daily v	O REFILLS PERM VOID AFTER 5 D ILESS PRESCRIPTION IS S CONTACT INFORMATIC	AITTED FOR OAT		m	09898		_
Open Daily v No un RESCRIBER'S Generic	O REFILLS PERM VOID AFTER 5 D RESS PRESCRIPTION IS S CONTACT INFORMATIC Prescriber	AITTED FAYS FOR OAT	999-9911	91-			_
No un rescribers Generic 123 Hea	O REFILLS PERM VOID AFTER 5 E RLESS PRESCRIPTION IS S CONTACT INFORMATIC Prescriber Ith Street	AITTED FAYS FOR OAT		91- PRI	09898	ER ID	
No un rescribers Generic 123 Hea	O REFILLS PERM VOID AFTER 5 D RESS PRESCRIPTION IS S CONTACT INFORMATIC Prescriber	AITTED FAYS FOR OAT	999-9911	91- PRI 000	09898 SCRIBI	ER ID	
No un RESCRIBER'S Generic 123 Hea	O REFILLS PERM VOID AFTER 5 E RLESS PRESCRIPTION IS S CONTACT INFORMATIC Prescriber Ith Street	AITTED PAYS FOR OAT DN Tel: 250-5 Fax: 250-5	999-9911	91- PRI	09898 SCRIBI	ER ID	



Example prescription of a dose decrease

Potential scenarios as per RN/RPN scope of practice: Following 2–4 consecutive days of missed doses

1-day prescription where SROM has been decreased to 480mg per day:

PERSO	NAL HEALTH NO.					PRESC	RIBING D	ATE
1234	567 890					.5 AY	11 MONTH	21 YEA
ATIENT	FIRST (GIVEN)		MIDDL	E / INITIAL	LAST (SURN			7.27
NAME	Generic		Α		Name			
PATIENT	STREET 123 Main Stree	et						
ADDRESS	CITY		PROVI	NCE			OF BIRT	
	Victoria		BC			13 AY	09 монтн	88 YEA
Rx: DRUG NAM	ME AND STRENGTH	ON	LY ONE D	RUG PER FORM	•	v	OID IF AL	TERED
Slow-	release oral mor	phine 480mg	3					
	QUAN	TITY (IN UNITS)						
480m	lg	Four hu	ndre	d and eigh	ty milligrai	ns		
	NUMERIC			_	LPHA			
THI	S AREA MUST BE	COMPLETED IN	FULL	FOR OPIOID	AGONIST	REATM	ENT (O	AT)
START	DATE: 25	11 21		END DATE:	25	11	2:	
	DAY	MONTH YEAR	3	(C)	DAY	MONTH	YEA	R
	TOTAL DAILY	DOSE	31		UMBER OF DA DAILY WITNES			
480	Four hung	dred and eigh	ity	7		Se	ven	
NUMERIO		ALPHA	mg/day	NUMERIC		うなくてん	РНА	
₩ мот	AUTHORIZED FOR	RDELIVERY						
DIRECTION	FOR USE, INDICATION	N FOR THERAPY, C	OR SPE	CIAL INSTRUC	TIONS			W . J
	release oral morpl							
	capsule and sprin	_	ice ua	illy, by illou	itti			
	witnessed ingestic							
,	decrease from 800		due t	to missed d	oses			
	h							
	<i>y</i> ·							
				BER'S SIGNATURE	. 1			
N	O REFILLS PERMIT	1.25	'RESCRI	BER'S SIGNATURE	hn			
UI	VOID AFTER 5 DA NLESS PRESCRIPTION IS FO	P OAT			1000			
	'S CONTACT INFORMATION	T 1 250		044	91-09	898		
C	Prescriber	Tel: 250-9			PRESC	CRIBER	ID	
	urn street	Fax: 250-	999-9	9119	00000	ากกกกว		
123 Hea					00000	JUUUUZ		
123 Hea	BC V8Z 4H4							
123 Hea		DHVD	MACV	USE ONLY	FOLIO			



Example prescription of a dose titration

Potential scenarios as per RN/RPN scope of practice:

Dose titrations if the patient has not stabilized on their daily dose, following missed doses and the dose needs to be re-titrated, or during restarts

1-day prescription where SROM has been increased to 580mg per day:

PERSO	NAL HEALTH NO.				-	RESCRIBING D	DATE
1234	567 890				25 DAY	11 MONTH	2: YEA
PATIENT	FIRST (GIVEN)		MIDDL	E/INITIAL	LAST (SURNAM		1 12
NAME	Generic		Α		Name		
	STREET 123 Main Stre	eet					
PATIENT Address	CITY		PROVI	NCE		DATE OF BIR	
	Victoria		BC		O3 DAY	09 MONTH	88
RX: DRUG NAM	ME AND STRENGTH	ON	ILY ONE [RUG PER FORM		VOID IF A	LTEREC
Slow-	release oral mo	rphine 480mg	5				
	QUAN	ITITY (IN UNITS)					
480m	1	` ,	ındre	d and eight	v milligrame	X	
	NUMERIC	-oui nu	mure		y minigrams _{PHA}	,	
	S AREA MUST BE	COMPLETED IN	FULL			FATMENT (O	AT)
- 10 P	The state of	11 21	F. CL.	2-1	1 2 3	7 27 3	15-5
START	DATE: 25	MONTH YEA		END DATE: _		11 2 IONTH YE	-
	TOTAL DAILY	DOSE			MBER OF DAYS		
480	Four hun	dred and eigh	ntv	7	Part of the	Seven	
NUMERIO		ALPHA	mg/day	NUMERIC		ALPHA	
√ NOT	AUTHORIZED FO	R DELIVERY					
DIRECTION	FOR USE, INDICATION	N FOR THERAPY	OR SPE	CIAL INSTRUCT	IONS		
	elease oral morp						
	capsule and sprii		ice u	illy, by illout	11		
	vitnessed ingesti	•					
	decrease from 80		r due t	o missed do	ises		
		onig to looning	, auc		-		
	h						
	P						
N	O REFILLS PERM	ITTED	PRESCRI	BER'S SIGNATURE	1, ,		
UI	VOID AFTER 5 DA	AYS FOR DAT		//	Mn		
PRESCRIBER	S CONTACT INFORMATION			•	91-0989	98	
Generic	Prescriber	Tel: 250-	999-9	911	PRESCR	IBER ID	
123 Hea	Ilth Street	Fax: 250-	-999-9	9119	000000	0002	
√ictoria	BC V8Z 4H4					0002	
					FOLIO		
			IMACY	USE ONLY			
RECEIVED BY	: PATIENT OR AGENT SIGN				SPENSING PHARMA	CIST	



Example prescription of a restart

Potential scenarios as per RN/RPN scope of practice: Following 5–30 consecutive days of missed doses

1-day prescription for 200mg SROM per day:

PERSON	NAL HEALTH NO.					PRE	SCRIBING D	ATE
1234	567 890					06 DAY	12 MONTH	21 YEAR
PATIENT	FIRST (GIVEN)		MIDDLE	E/INITIAL	LAST (S	URNAME)		
NAME	Generic		Α		Nan	ne		
PATIENT	STREET 123 Main Stre	et						
ADDRESS	CITY	PROVINCE				DATE OF BIRTH 88		
	Victoria				DAY	MONTH	YEAR	
Rx: DRUG NAM	IE AND STRENGTH		ONLY ONE D	RUG PER FORM			VOID IF AL	TERED
Slow-r	release oral mo	rphine 200m	ng					
	QUAN	ITITY (IN UNITS)						
200m	g	7	īwo hu	ndred millig	grams			
1	NUMERIC	ALPHA						
THIS	S AREA MUST BE	COMPLETED I	N FULL	FOR OPIOID	AGONIS	T TREA	TMENT (O	AT)
START			21	END DATE: _	06	12	2	
<u> </u>	TOTAL DAILY		AR	NUI	DAY MBER OF	DAYS PE	H YEAR WEEK OF	NR.
						NESSED IN		
200	Tw	o hundred	1	7		Seven		
NUMERIC ALPHA			mg/day	NUMERIC		ALPHA		
Slow-re Open o	FOR USE, INDICATIOn the lease or all morporations and spring the second spring to the second	hine 200mg onkle pellets						_
	1 -							
N	O REFILLS PERMI	TTED	PRESCRIE	BER'S SIGNATURE	1			
	O REFILLS PERMI VOID AFTER 5 DA	AYS	PRESCRIE	BER'S SIGNATURE	þi	, ,		
UN PRESCRIBER'S	VOID AFTER 5 DA ILESS PRESCRIPTION IS F S CONTACT INFORMATION	AYS FOR OAT		/	1	·09898		
un PRESCRIBER'S Generic	VOID AFTER 5 DA ILESS PRESCRIPTION IS F S CONTACT INFORMATION Prescriber	AYS FOR OAT Tel: 250	-999-9	911	91-		:R ID	
un PRESCRIBER'S Generic 123 Hea	VOID AFTER 5 DA ILESS PRESCRIPTION IS E S CONTACT INFORMATION Prescriber Ith Street	AYS FOR OAT	-999-9	911	91- PRI	-09898		
un PRESCRIBERS Generic 123 Hea	VOID AFTER 5 DA ILESS PRESCRIPTION IS F S CONTACT INFORMATION Prescriber	AYS FOR OAT Tel: 250	-999-9	911	91- PRI	-09898 E SCRIBE		
un PRESCRIBERS Generic 123 Hea	VOID AFTER 5 DA ILESS PRESCRIPTION IS E S CONTACT INFORMATION Prescriber Ith Street	AYS OR OAT TEI: 250 Fax: 250)-999-9)-999-9	911	91- PRI 000	-09898 E SCRIBE		