

FACSIMILE TRANSMISSION OF PRESCRIPTIONS TEMPLATE

Prescriber Name _____
Registration # _____
Clinic Name _____
Prescriber Address _____

Prescriber Telephone # _____
Prescriber Facsimile # _____

Patient Given & Surname _____

Patient PHIN _____
Patient DOB _____
Patient Address _____

Rx#1
Supply a total of ____ doses to be dispensed in quantities
of ____ every ____ days, **OR**, refill ____ times.

Rx#2
Supply a total of ____ doses to be dispensed in quantities
of ____ every ____ days, **OR**, refill ____ times.

Prescriber Name _____
Prescriber Signature _____
Prescriber Address _____
Date _____

*Attach M3P form for methadone or buprenorphine/naloxone if applicable

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 it will not be transmitted elsewhere at another time.
- Quantity must be stated in words and numerals.

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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.