

ED Start – Follow-up Buprenorphine Rx

PATIENT DEMOGRAPHIC INFORMATION	
Name	
Health Care #	
DOB	
Phone Number	
Address	
Family Provider	

Date: _____

Buprenorphine/naloxone 2/0.5mg tablets

Buprenorphine/naloxone 8/2mg tablets

Take buprenorphine/naloxone ____ mg sublingual once daily X ____ day(s) as observed doses at the pharmacy.

Rx Valid _____ (dd/mm/yy) to _____ (dd/mm/yy) inclusive.

Last dose administered at St. Elsewhere Hospital Emergency Department : _____mg

on _____(dd/mm/yy).

Instructions to pharmacist:

- Please do not cancel Rx unless the patient has missed 4 or more missed doses
- Please dispense naloxone kit with buprenorphine prescription

Physician/NP Name/Signature: _____

CPSO/CNO# _____