

Buprenorphine Rx Following ED Start

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

Date: _____

Buprenorphine/naloxone 2/0.5 mg tablets

Buprenorphine/naloxone 8/2 mg 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 _____ Emergency Department : _____
mg on _____ (dd/mm/yy).

Instructions to pharmacist:

- **Please do not cancel Rx unless the patient has missed 7 or more missed doses**
- **Please dispense naloxone kit with buprenorphine prescription**

Prescriber Name/Signature: _____

License Number: _____