

Appendix 4

Emergency Fax Controlled Prescription Program Form Documentation

This form is for the use only in the event of an emergency that requires a faxed Controlled Prescription Program form which has been initiated following direct consultation between the patient’s pharmacist and prescriber.

It is understood that the pharmacist must obtain written documentation from the prescriber prior to dispensing any medication and as such is requesting that the prescriber complete this form and fax back to the pharmacy along with a fax of the Controlled Prescription Program form as soon as possible.

Prescriber: _____ Patient Name: _____
 Pharmacy: _____ Fax Number: _____
 Pharmacist: _____ Date: _____

As the prescriber, I request that the above-named pharmacy accept a faxed transmission of the Controlled Prescription Program form for the above-named patient. I understand that the Controlled Prescription Program form must be faxed to and received by the pharmacy prior to the pharmacy dispensing methadone. I guarantee that the original Controlled Prescription Program form will be sent to the pharmacy by the next business day.

Brief description of the emergency situation:

Prescriber’s Name: _____
 Prescriber ID: _____
 Prescriber’s Signature: _____
 Signature Date: _____

Affix Controlled Prescription Program form here