

**MODEL PRESCRIPTION FORM** to be used by prescribers when prescribing by facsimile. The form includes a **PRESCRIBER CERTIFICATION** section, to be completed by the prescriber. Prescribers may develop their own fax prescription forms as long as they contain all the elements found on this Model Form.

Prescriber name: \_\_\_\_\_

Prescriber address: \_\_\_\_\_

Prescriber telephone number: \_\_\_\_\_ Prescriber fax number: \_\_\_\_\_

**Confidential facsimile transmission to:**

Pharmacy name: \_\_\_\_\_ Pharmacy fax number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient given name and surname: \_\_\_\_\_

Patient address: \_\_\_\_\_

Provincial health number: \_\_\_\_\_

**Rx#1**

**RX#2**

Refill \_\_\_\_\_ times every \_\_\_\_\_ days

Refill \_\_\_\_\_ times every \_\_\_\_\_ days

**Prescriber 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 or retained so that it cannot be re-issued.*

Prescriber's name (print name): \_\_\_\_\_ ID #: \_\_\_\_\_

Prescriber's signature/unique Identifier: \_\_\_\_\_ Date: \_\_\_\_\_

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