IWK Health Centre

5850/5980 University Avenue
Halifax, Nova Scotia
Telephone: (902) 470-8111

Outpatient Prescription
For Oncology Study Patient

❑ Ambulatory Prescriptions
❑ Discharge Orders/Prescriptions

℞

UNIT #:
NAME:

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Patient: _____

Date: _____ Age _____ Wt: _____ kg

Allergies: _____

ATTENTION COMMUNITY PHARMACY:

This patient is enrolled in a research study and Health Canada requires that the study team keep records of the manufacturer's lot and expiry date as the medication is dispensed. We appreciate your cooperation in documenting this information and faxing it back to us at 902-470-6701. Please note that the number of tablet each day/week may change depending on the patient's blood counts, therefore we prefer not to have specific dosing on the labels.

Discharge Medications / Ambulatory Orders for Study Medications	Reconciliation Compare List of Medications to Best Possible Medication History & check appropriate column					Prescriptions (If there are no prescriptions please line through the sections. Do not leave them blank.)
Medication Name / Dose / Route / Frequency *(use only approved abbreviations)*	√ Unchanged	√ Changed	√ New	√ Rx not required	**Community Pharmacy: enter manufacturer, lot & expiry, then fax to 902-470-6701**	**Amount to Dispense**
❑ Shipment Received in good condition & stored according to product label					Man: Lot: Expiry:	_____
❑ Shipment Received in good condition & stored according to product label					Man: Lot: Expiry:	_____
❑ Shipment Received in good condition & stored according to product label					Man: Lot: Expiry:	_____

Notes to caregiver/health care provider

Clinic/Care Area	Prescriber Name (Print):	Prescriber Signature
Prescriber Telephone #: 902-470-8373	Prescriber Registration #:	Prescriber Fax #: 902-470-6701
Community Pharmacy:	Phone #	Fax#
Date/Time Faxed:	Follow-up#1 Initial:	
Follow-up#2 Date/Time/Initial:	Follow-up#3 Date/Time/Initial:	

Prescriber Certification: *This prescription represents the original of the prescription drug order.
*The pharmacy address noted above is the only intended recipient and there are no others.

Copy 1 (White): Patient to deliver to their community pharmacy OR send via FAX to community pharmacy, then destroy.
Copy 2 (Yellow): IWK Chart Copy (Community pharmacy - do not process orders from this copy.)
Copy 3 (Pink): Patient to take to family physician (for information purposes) until full discharge summary is received.

*****May be used for confidential facsimile transmission:*****
FAXED: Detach Copy 1 (white) to Fax (destroy or retain for physician office chart - DO NOT GIVE TO FAMILY)