Pharmacist Authorized Exempted Codeine Product (ECP) Repeat Request

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Information	Name:	DOB:	Information	Name:	DOB:
	MCP #:			MCP #:	
	Allergies:			Allergies:	
	Medications:			Medications:	
	Medical Conditions:			Medical Conditions:	
	Primary Prescriber:			Primary Prescriber:	
Rationale	Indication:		Rationale	Indication:	
	Has status of	this indication changed since last request? ☐ Yes ☐ No		Has status o	f this indication changed since last request?
	Has patient been assessed by physician? ☐ Yes ☐ No			Has patient been assessed by physician? ☐ Yes ☐ No	
	Updated histo	ory obtained/Pharmacy Network reviewed? ☐ Yes ☐ No		Updated hist	ory obtained/Pharmacy Network reviewed? ☐ Yes ☐ No
	Comments:			Comments:	
Authorization	Date:		Authorization	Date:	
	Product:			Product:	
	Sig:			Sig:	
	Quantity:	Max daily dose/duration:		Quantity:	Max daily dose/duration:
	RPh:	Reg #:		RPh:	Reg #:
Counselling		Discussed the effects/risks of codeine, acetaminophen and/or ASA overuse	Counselling		Discussed the effects/risks of codeine, acetaminophen and/or ASA overuse
		If adequate symptom relief does not occur or prolonged use is required see physician for assessment.			If adequate symptom relief does not occur or prolonged use is required see physician for assessment.
		Only take as needed for the minimum duration possible			Only take as needed for the minimum duration possible
		Other comments:			Other comments:
	RPh:	Date/Time:		RPh:	Date/Time: