Sample Templates for Pharmacist-Authorized Exempted Codeine Product Requests

Pharmacist Authorized Exempted Codeine Product (ECP) **Initial Request**	
Patient Information **Photo ID may be required*	Name: _____ DOB: _____ Physician: _____ Allergies: _____ Medications: _____ Medical Conditions: _____
Rationale	For what indication is this medication authorized? (NOTE: ECP's can only be provided for a recognized medical or dental purpose)
	What other medications have been tried for this indication?
	Has patient taken this medication before? Yes No
	Has patient received other ECP's or similar prescription or non-prescription product within an unreasonable time frame? (verbal confirmation, Pharmacy Network check) Yes No
Counselling	• Only take as needed for the minimum duration possible; maximum dose/duration: _____ • If adequate symptom relief does not occur or prolonged use is required see physician for assessment. • Discussed the effects/risks of over-use of codeine, acetaminophen and/or ASA
Authorization	Date: _____ Product: _____ Sig: _____ Quantity: _____ RPh: _____ Reg #: _____

Pharmacist Authorized Exempted Codeine Product (ECP) **Repeat Request**	
Patient Information **Photo ID may be required*	Name: _____ DOB: _____ Physician: _____ Allergies: _____ Medications: _____ Medical Conditions: _____
Follow-up	For what indication is this medication authorized? (NOTE: ECP's can only be provided for a recognized medical or dental purpose)
	Has the status of this indication changed since last request? Yes No
	Has patient been assessed by physician? Yes No
	Notes:
	Has patient received other ECP's or similar prescription or non-prescription product within an unreasonable time frame? (verbal confirmation, Pharmacy Network check) Yes No
Counselling	• Only take as needed for the minimum duration possible; maximum dose/duration: _____ • If adequate symptom relief does not occur or prolonged use is required see physician for assessment. • Discussed the effects/risks of over-use of codeine, acetaminophen and/or ASA
Authorization	Date: _____ Product: _____ Sig: _____ Quantity: _____ RPh: _____ Reg #: _____