**Please refer to** [**regulatory bylaw 18.1**](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/www.cps.sk.ca/iMIS/Documents/Legislation/Legislation/Regulatory%20Bylaws.pdf)**.**

**Acceptable Prescriptions**

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| Patient’s Name  Patient’s DOB (bylaw 18.1(c)(i))  Patient’s Health Services Number (bylaw 18.1(c)(iv))  Patient’s Address (bylaw 18.1(c)(ii))  Zopiclone 7.5mg  Sig: Take 1 tablet orally at bedtime  Qty: 30 (thirty) (bylaw 18.1(c)(iii))  Refills: 0  Prescriber’s Name and Address (bylaw 18.1(c)(v)) | Patient’s Name  Patient’s DOB (bylaw 18.1(c)(i))  Patient’s Health Services Number (bylaw 18.1(c)(iv))  Patient’s Address (bylaw 18.1(c)(ii))  Zopiclone 7.5mg x 30 (thirty) tablets (bylaw 18.1(c)(iii))  Sig: Take 1 tablet orally at bedtime  Refills: 0  Prescriber’s Name and Address (bylaw 18.1(c)(v)) |
| Patient’s Name  Patient’s DOB (bylaw 18.1(c)(i))  Patient’s Health Services Number (bylaw 18.1(c)(iv))  Patient’s Address (bylaw 18.1(c)(ii))  Zopiclone 7.5mg  Sig: Take 1 tablet orally at bedtime  Qty: 30 (thirty) (bylaw 18.1(c)(iii))  Refills: 2 (bylaw 18.1(i)(vii))  Prescriber’s Name and Address (bylaw 18.1(c)(v)) | Patient’s Name  Patient’s DOB (bylaw 18.1(c)(i))  Patient’s Health Services Number (bylaw 18.1(c)(iv))  Patient’s Address (bylaw 18.1(c)(ii))  Zopiclone 7.5mg  Sig: Take 1 tablet orally at bedtime  30 tablets to be dispensed every 30 days (bylaw 18.1(c)(iii))  Total Qty: 90 (ninety) (bylaw 18.1(i)(vii))  Prescriber’s Name and Address (bylaw 18.1(c)(v)) |
| Patient’s Name  Patient’s DOB (bylaw 18.1(c)(i))  Patient’s Health Services Number (bylaw 18.1(c)(iv))  Patient’s Address (bylaw 18.1(c)(ii))  Zopiclone 7.5mg  Sig: Take 1 tablet orally at bedtime  Qty: 30 (thirty) x 2 (bylaw 18.1(c)(iii)) (bylaw 18.1(i)(vii))  Prescriber’s Name and Address (bylaw 18.1(c)(v)) | Patient’s Name  Patient’s DOB (bylaw 18.1(c)(i))  Patient’s Health Services Number (bylaw 18.1(c)(iv))  Patient’s Address (bylaw 18.1(c)(ii))  Hydromorph Contin 3mg  Sig: Take 1 capsule orally twice daily  60 capsules to be dispensed every 30 days (bylaw 18.1(h)(ii)) (bylaw 18.1(h)(iii))  Total Qty: 120 (one hundred twenty) (bylaw 18.1(h)(i))  Prescriber’s Name and Address (bylaw 18.1(c)(v)) |

**Unacceptable Prescriptions**

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| Patient’s Name  Patient’s DOB (bylaw 18.1(c)(i))  Patient’s Health Services Number (bylaw 18.1(c)(iv))  Patient’s Address (bylaw 18.1(c)(ii))  Zopiclone 7.5mg  Sig: Take 1 tablet orally at bedtime  Qty: 1 month (bylaw 18.1(c)(iii))  Refills: 2 (bylaw 18.1(i)(vii))  Prescriber’s Name and Address (bylaw 18.1(c)(v))  *Bylaw 18.1(c)(iii) requires the total quantity of medication prescribed, both numerically and in written form* | Patient’s Name  Patient’s DOB (bylaw 18.1(c)(i))  Patient’s Health Services Number (bylaw 18.1(c)(iv))  Patient’s Address (bylaw 18.1(c)(ii))  Hydromorph Contin 3mg  Sig: Take 1 capsule orally twice daily  60 capsules to be dispensed every 30 days (bylaw 18.1(h)(ii)) (bylaw 18.1(h)(iii))  Refills: 2 (bylaw 18.1(h)(i))  Prescriber’s Name and Address (bylaw 18.1(c)(v)) |