

Opioid and Pain Management in Pharmacies Program (OPMPP)



Primary Care Provider Notification

Date of Transmission	
Primary Care Provider	
Name	
Designation	
Fax	Phone
Patient	
Last Name	First Name
Address	
DOB	Phone

Our mutual patient noted above has received a consultation on _____, as part of a pilot program by the Ontario Pharmacists Association to help support appropriate prescribing and dispensing of opioids as well as their safe and appropriate use.

Please review the following recommendations from the pharmacist to help optimize the patient’s care plan.

Drug Therapy Problem	Pharmacist Recommendation	Action Required

Select this checkbox if you would like more information, or if you would like a copy of the patient consultation.

Additional Notes (if applicable)

Pharmacist Information	
Name	OCP Registration Number
Pharmacy Information	