Frequent Dispensing – Documentation/Consent/Notification Form

ONTARIO PHARMACISTS ASSOCIATION

Patient Information

First name:	Last name:	OHIP No. or Date of Birth:

Pharmacist Assessment*

It is my professional opinion that the patient above requires a more frequent medication dispensing interval to help him/her achieve desired health outcomes, as he/she is incapable of managing his/her medication regimen as a result of a:

☐ Physical impairment Nature:	☐ Cognitive impairment Nature:	☐ Sensory impairment Nature:	☐ Complex medication regimen Details:

The dispensing regimen will be:

☐ every 7 days ☐ every 14 days ☐ every 28 days ☐ Other:

**Regular assessment is required to verify the ongoing need for more frequent dispensing, and to determine if the patient is stabilized and capable of managing 100 day supplies.*

The rationale/reason(s) for my assessment of the clinical or safety risks to the patient if larger quantities were dispensed, is/are:

Pharmacist's name:	OCP #:
Signature:	Date:

Pharmacy Information

Pharmacy name:	Address:
Telephone:	Fax:

Patient Consent

I consent and authorize to have my medication(s) dispensed in reduced quantities from what was originally prescribed, as per the assessment, rationale and dispensing regimen outlined above.

I consent to have this form sent to the prescriber(s).

If my medications are dispensed in compliance aid packaging, I acknowledge that the compliance aid may not be child resistant.

Date:	Agent's Name (if applicable):
Patient's signature:	Agent's signature (if applicable):

Prescriber Notification

Dear Prescriber: This notification is being sent to you to comply with regulations made under the Ontario Drug Benefit Act and policies under the Ontario Drug Benefit program, whereby I am required to notify you in writing with my determination and rationale noted above for your records.

Prescriber's name:	Date of Notification (DD/MM/YYYY):
Method of Notification: ☐ Fax:	☐ Other:

This documentation is valid for a period of 365 days.
It is required to be updated annually and, is to be maintained as part of the patient's permanent pharmacy health record.