


Using TPP Alberta's secure 2-part form for Type 1 TPP drugs:

- The dispenser MUST be presented with the top copy of the TPP secure form (i.e. the Pharmacy/TPP copy). The prescriber should retain the second copy. *If the prescription is faxed directly to the pharmacy, the prescriber keeps both original copies, voiding the top one. The pharmacy uses the faxed copy for dispensing and submits a photocopy to TPP Alberta for compounds, office use and veterinarians and Yukon prescriptions.*
- Prescribers should NOT leave their copy in the TPP pad to protect patient confidentiality (e.g., if a pad is lost or stolen). Keep the prescription with the patient record.
- Prescriptions are valid ONLY for 72 hours. A dispenser MUST log or fill the prescription within 72 hours of issuance. A secure prescription form CANNOT be honored after midnight on the third day.
- A healthcare number, Personal Health Number (PHN) is REQUIRED for patient identification. For out of province patients, enter their provincial healthcare number and indicate the province. *If the patient is an animal this field is left blank.*
- Provide ALL given names to reduce duplication of patient profiles in the TPP database. *If the prescription is for an animal, the form should include the animal name followed by the owner's name in brackets.*
- Provide patient date of birth. *If the prescription is written for an animal, enter the animal's date of birth here.*
- Provide the patient's address to help further verify their identity.
- A separate form is REQUIRED for each TPP medication. Different strengths of the same medications are acceptable on the same form ONLY if the orders are legible, and clearly indicate the prescribed dosage & quantity. *Refills are not allowed, but interval dispense protocols are permitted (e.g., release 14 tablets every Monday).*
- Indicate total prescribed quantity BOTH numerically and alphabetically.
- The Prescriber MUST provide the intended indication for therapy. This information is useful for assessing appropriateness of therapy and optimizing safe patient care. *The Check-boxes MUST NOT be interpreted as a list of valid indications for TPP Medications. Prescribers and dispensers MUST individually verify the validity of each indication within the context of the clinical care being provided and the history for each patient.*
- Directions for use MUST be as complete as possible to allow for verifying quantities. Part-fills are acceptable IF instructions are provided in this section about the amount to release each time as well as the interval between dispenses.
- Prescriber address and contact information. *Locums MUST manually enter on the form the medical clinic or hospital name, address and a contact number (telephone or pager).*
- TPP Tracking Number is a sequential number assigned to each form within the pad. Prescribers MUST report this number(s) if the form(s) is lost or stolen.
- ID Number is the unique prescriber registration number. For Alberta prescribers, this is the same number as assigned by their regulatory body. For Yukon prescribers, their TPP number appears here. Prescribers MUST use their own personalized TPP forms with their printed ID number. *Pharmacists & pharmacy technicians should ensure the correct prescriber is identified for the prescription record. Misattributions significantly impede PIN data quality and TPP Alberta efficiency.*
- The dispenser compares the date dispensed to the date issued. If the prescription is to be put on hold, the date it was logged should be documented here.
- Pharmacy assigned prescription number is entered here. *Not applicable when the dispenser is a veterinary practice.*
- If the prescription is compounded, the drug identification number (DIN) of the TPP medication component is identified here. *If the compounding agent does NOT have a DIN number, indicate the name of the agent here (do not use pseudo DIN 999999). If the compound contains more than one TPP medication, provide the DIN for each one.*

		Void after 3 days Tracked Prescription. Take to a pharmacy. PLEASE PRINT CLEARLY	
Health care number		Date Issued	DD MMM YYYY
Patient full name (First, Initial, Last)			
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	DD MMM YYYY
Patient address			
City/town		Province	
Only one drug & strength per form Part-fills allowed if interval specified			
Drug name & dosage			
Quantity Numeric		Quantity Alpha	
Indication for therapy: <input type="checkbox"/> Post-operative pain <input type="checkbox"/> Acute musculoskeletal pain <input type="checkbox"/> Chronic musculoskeletal pain <input type="checkbox"/> ADHD <input type="checkbox"/> Neuropathic pain <input type="checkbox"/> Cancer/Palliative <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Headache/Migraine <input type="checkbox"/> Opioid Agonist Therapy (OAT/ODT)			
Direction for use:			
DR. SMITH, MD ANYTOWN CLINIC 10000 WYE RD NW EDMONTON AB T0T 0A1 780-888-9797			
TPP Tracking #:	ID #:	Prescriber's Signature	
PHARMACY USE ONLY: Rx #		Date Dispersed	
DIN	Quantity	Pharmacy LIC #	
Pharmacist Sign. & Reg. #		Medication received by	

- The quantity dispensed is verified against the quantity ordered. Document part-fills as the amount dispensed over the total quantity (e.g. 30/90 or 0/90 for a prescription placed on hold for later dispense).
- Pharmacy license number is used to identify the pharmacy in the database. *When the dispenser is a veterinary practice this does not apply.*
- The pharmacist responsible for assessing the prescription for appropriateness is identified by their practice permit number. *When the dispenser is a veterinary practice, the license number of the veterinarian should be indicated here.*
- The patient, patient's agent (or animal owner) should sign for the TPP medication upon the receipt of the medication. Dispensers should NOT ask the patient to sign for the medication before it is dispensed. For a prescription put on hold, write 'deferred' in this section.