

REQUEST FOR TAMPER RESISTANT PRESCRIPTION PADS (Facility)

Please Indicate:

- ~ Initial Supply
- ~ Re-order

Please forward _____ Tamper Resistant Prescription Pads to the following:

_____ **qty. of pads**
(50 prescriptions/pad)

Please print as you wish it to appear on the prescription pad.

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

Contact Person: _____

Address to Ship Pads to:

(PO Box=s not acceptable)

Signature: _____ Date: _____

Please Fax Completed Form to (709) 729-7680

Office Use Only:

Processed By: _____
Date: _____

Pharmaceutical Services Division
Belvedere Bldg., 57 Margaret=s Place, P.O. Box 8700, St. John=s, NL A1B 4J6
Telephone: (709) 729-3498 or 6507
Fax: (709) 729-7680