

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: _____

Facility Fax 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
45 Major's Path, St. John's, NL, A1A 4Z9
Telephone: (709) 729-6507
Fax: (709) 729-7680