

REQUEST FOR TAMPER RESISTANT PRESCRIPTION PADS

Please Indicate:

- Initial Supply (New Registrant)
- 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.

Prescriber Name: _____

Practice Address: _____

Practice Phone Number: _____

Practice Fax Number: _____

Prescriber license #:

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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