



CPM

THE COMPOUNDING PHARMACY OF MANITOBA

27047 OAKWOOD ROAD
OAKBANK, MANITOBA
R5N 0A6

TEL: (204) 444-4955
FAX: (204) 444-4754

Ingredient List Request

Pharmacy Name: _____

Address: _____

Telephone # _____ Fax # _____

Section A: Please complete this section and fax to CPM

Compound Requested Please include a list of all ingredients and/or CPM Batch Number

NOTE	Name (Print)	Signature
<u>Ingredient lists can only be requested for compounds that have been previously ordered.</u>		

****All information provided is the property of The Compounding Pharmacy of Manitoba****

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