



**CPM**  
 THE COMPOUNDING PHARMACY OF MANITOBA

27047 OAKWOOD ROAD  
 OAKBANK, MANITOBA  
 R5N 0A6

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

# Order Form

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Item	Dosage Form (ex: tablet, injection)	Quantity

**\*This order is being placed by the patient contact pharmacy pursuant to a prescription or in anticipation of receiving a prescription for the compound(s) listed above\***

**\*\*Compounds will only be dispensed by the patient contact pharmacy pursuant to a prescription\*\***

**\*\*\*Changes/Cancellations cannot be made to an order once submitted\*\*\***

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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