CPM
THE COMPOUNDING PHARMACY OF MANITOBA

27047 OAKWOOD ROAD
OAKBANK, MANITOBA
R5N 0A6

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

Price Quote Request

Facility Name: _____

Address: _____

_____

_____

Telephone # _____ Fax # _____

Section A: Please complete this section and fax to CPM

Item	Dosage Form	Quantity

Section B: CPM to complete and fax back to pharmacy

Price	BUD (Days)	CPM Label

Section C: Please fax back with name and signature if you would like to place an order.

NOTE	Name (Print)	Signature
Only complete this section if you wish to order the item quoted above. Orders can only be placed for items that have a CPM Label attached above.		

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*****