CPM
THE COMPOUNDING PHARMACY OF MANITOBA
PHARMACYMANITOBA.COM

27047 OAKWOOD
ROAD OAKBANK,
MANITOBA R5N 0A6

Tel: (204) 444-4955
Fax: (204) 444-4754

PRICE QUOTE REQUEST

Pharmacy Name: _____

Address: _____

_____

Date Ordered:
_____

Telephone #: _____ **Fax #:** _____

Section A: Ordering pharmacy to fill out this section and fax to CPM

Item *(include dosage form; ex. Ointment/cream/suspension)* *"SEE ATTACHED" ONLY IS NOT ACCEPTABLE*	**Route** *(ex. PO, PV, Topical)*	**Quantity** *(ex: g, mL)*	**Vet Use?**
	_____		_____

Section B: To be completed by CPM staff and sent back to ordering pharmacy

Price ($)	**BUD (Days)**	**CPM Label**	**CPM Notes**
	BUD may be approximate for extended dated items		

Section C: Please complete section and fax back to CPM only if order is approved.

Note: Orders are placed only when CPM label is attached above. Only complete this section if you wish to order the item quoted above.	**Name (Print):**	**Signature & License # (see notes*):**

RX#: _____
Required if Controlled Substance

Please note:

- **This order is being placed by the patient contact pharmacy in the anticipation of receiving a prescription**
- **Compounds will only be dispensed by the patient contact pharmacy pursuant to a prescription**
- **Changes/Cancellations cannot be made to an order once submitted**
- ***Orders for all controlled substance compounds must be submitted with signature and license number of authorizing pharmacist and ordering pharmacy's Rx # associated with the compound***

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