



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: _____

Date Ordered: _____

Address: _____

Telephone #: _____

Fax #: _____

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

<u>Item</u> (include dosage form; ex. Ointment/cream/suspension) "SEE ATTACHED" ONLY IS NOT ACCEPTABLE	<u>Route</u> (ex. PO, PV, Topical)	<u>Quantity</u> (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. <u>Only complete this section if you wish to order the item quoted above.</u>	Name (Print): _____	Signature & License # (see notes*): _____
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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 narcotics/controlled compounds must be submitted with a copy of the prescription along with signature and license number of authorizing pharmacist*

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