CPM
THE COMPOUNDING PHARMACY OF MANITOBA
PHARMACYMANITOBA.COM
27047 OAKWOOD ROAD
OAKBANK, MANITOBA
R5N 0A6
Tel: (204) 444-4955
Fax: (204) 444-4754

ORDER FORM

Pharmacy Name: _____

Address: _____

_____

Date Ordered: _____

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

PLEASE ENSURE THE COLUMNS BELOW ARE FILLED OUT COMPLETELY – "SEE ATTACHED" ONLY IS NOT ACCEPTABLE

	Item *(include dosage form: ex. ointment/cream/suspension, etc.)*	**Route** *(ex. PO, PV, Topical)*	**Quantity** *(ex: g, mL)*	**Vet Use?**
1.		_____		_____
2.		_____		_____
3.		_____		_____
4.		_____		_____

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 substances must be placed on the Controlled Substance Order Form****

PRINT NAME:_____ Pharmacist:_____
REQUIRED

SIGNATURE:_____ License #:_____
REQUIRED

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