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

Pharmacy Name: _____

Address: _____

_____

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

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

Controlled Substance Compound *(include dosage form: ex. ointment/cream/suspension, etc.)* **Only one compound per order form**	**Route** *(ex. PO, PV, Topical)*	**Quantity** *(ex: g, mL)*	**Vet Use?**
Ordering Pharmacy's Rx #:_____	_____		_____

Pharmacist Name (print): _____ **License #**_____

Pharmacist Signature: _____ **Date Ordered:** _____

All fields on this document are required to be filled out to validate order as per Health Canada's Controlled Substances Regulations, Sections 93 & 99 including:

1) **The signature and license number of authorizing pharmacist**
2) **The ordering pharmacy's Rx # associated with the compound**
3) **The date ordered**

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**
- **Controlled Substances include narcotics, controlled drugs and targeted substances**

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