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	Dosage Form (ex: capsule, injection, suspension)	Quantity (ex: g, mL)
1.			
2.			
3.			
4.			

Please note:

- **This order is being place 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**

PRINT NAME:_____ Pharmacist:_____

SIGNATURE:_____ License #:_____

REQUIRED FOR NARCOTICS/CONTROLLED COMPOUNDS