



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

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