



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

	<u>Item</u> <i>(include dosage form: ex. ointment/cream/suspension, etc.)</i>	<u>Route</u> <i>(ex. PO, PV, Topical)</i>	<u>Quantity</u> <i>(ex: g, mL)</i>	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 narcotics/controlled compounds must be submitted with a copy of the prescription along with signature and license number of authorizing pharmacist

PRINT NAME: _____
REQUIRED

Pharmacist: _____

SIGNATURE: _____
REQUIRED

License #: _____
REQUIRED FOR NARCOTICS/CONTROLLED COMPOUNDS

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