Newfoundland Labrador

GOVERNMENT OF NEWFOUNDLAND AND LABRADOR
Department of Health and Community Services

REQUEST FOR TAMPER RESISTANT PRESCRIPTION PADS
(Facility)

Please Indicate:

☐ **Initial Supply**

☐ **Re-order**

Please forward _____ **Tamper Resistant Prescription Pads to the following:**

qty. of pads
(50 prescriptions/pad)

Please print as you wish it to appear on the prescription pad.

Facility Name: _____

Facility Address: _____

_____

_____

Facility Phone Number: _____

Facility Fax Number: _____

Contact Person: _____

Address to Ship Pads to:
(PO Box's not acceptable) _____

_____

_____

Signature: _____ **Date:** _____

Please Fax Completed Form to (709) 729-7680

Office Use Only:
Processed By: _____
Date: _____

Pharmaceutical Services Division
Third Floor, Confederation Building, West Block, 100 Prince Philip Drive, St. John's, NL, A1B 4J6
Telephone: (709) 729-6507
Fax: (709) 729-7680

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