

## 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

Pharmaceutical Services Division  
Fourth 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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