

REQUEST FOR TAMPER RESISTANT PRESCRIPTION PADS

Please Indicate:

- ☐ **Initial Supply** (New Registrant)
☐ **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.

Prescriber Name: _____

Practice Address:

Practice Phone Number:

Practice Fax Number:

Prescriber license #:

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Address to Ship Pads to:

(PO Box's not acceptable)

Signature: _____ **Date:** _____

Signature above must be the Prescriber requesting prescription pads

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

October 2024