

## 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:

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Practice Address:

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Practice Phone Number:

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Practice Fax Number:

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Prescriber license #:

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**Address to Ship Pads to:**

(PO Box's not acceptable)

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Signature:

Date:

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**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

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