



DRUG PROGRAMS

College of Physicians and Surgeons of British Columbia

300-669 Howe Street
Vancouver BC V6C 0B4
www.cpsbc.ca

Telephone: 604-733-7758 ext. 2629
Toll Free: 1-800-461-3008 (in BC)
Fax: 604-733-1267

Methadone Prescription Pad Order Form

PHYSICIAN INFORMATION

Name:

Surname Given Name(s) CPSID

Primary address:

Address Contact Number

Address details:

- Include primary address on the prescription pad
 Do not include an address on the prescription pad
 Include this address on the prescription pad:

Address Contact Number

Deliver order to:

- Primary address indicated above
 Send to this address:

Address Contact Number

Note: Order may take **up to three (3) weeks** to process and deliver.
The College does not deliver prescription pads to addresses located outside of British Columbia.

ORDER INFORMATION

- 1 pad (50 forms)
 2 pads (100 forms)
 3 pads (150 forms)
 4 pads (200 forms)
 8 pads (400 forms)

AUTHORIZATION

Signature: _____

Date: _____
 YYYY MM DD

The information collected in this form will be used for processing your order. If you have any questions about the collection and use of this information, please contact the Drug Programs at 604-733-7758 or 1-800-461-3008 extension 2629.

PLEASE FORWARD THIS FORM BY:

Email rxpads@cpsbc.ca

Fax 604-733-1267

Mail Drug Programs
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 300-669 Howe Street
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