



College of Physicians and Surgeons of British Columbia

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

Telephone: 604-733-7758
Toll Free: 1-800-461-3008 (in BC)
Fax: 604-733-3503

Duplicate Prescription Pad Order Form

PHYSICIAN INFORMATION

Name:

Surname Given Name(s) College ID Number

Primary address:

Address Contact Number

Address details:

- Include primary address on the prescription pad
 Do not include an address on the prescription pad (option not available to CDSBC registrants)
 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)

AUTHORIZATION

Signature: _____

Date: _____
YYYY MM DD

SUBMISSION INSTRUCTIONS

If you are a physician:

Mail Drug Programs
College of Physicians
and Surgeons of BC
300-669 Howe Street
Vancouver BC V6C 0B4

Email rxpads@cpsbc.ca

Fax 604-733-3503

If you are a dentist:

Mail College of Dental Surgeons of BC
500-1765 W 8th Avenue
Vancouver BC V6J 5C6

Email registration@cdsbc.org

If you are a veterinarian:

Mail College of Veterinarians of BC
210-10991 Shellbridge Way
Richmond BC V6X 3C6

Email reception@cvbc.ca

Fax 604-929-7095

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 Prescription Review Program at 604-733-7758 or 1-800-461-3008 extension 2629.