

# Duplicate Prescription Pad Order Form

**Note:** As of June 2021, only one pad is required for all controlled drugs in BC.

## CONTACT INFORMATION

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_ College ID number: \_\_\_\_\_

Primary address: \_\_\_\_\_ Phone: \_\_\_\_\_

- 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: \_\_\_\_\_ Phone: \_\_\_\_\_

- Deliver order to:  Primary address indicated above  
 Send to this address:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Note:** Orders 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: \_\_\_\_\_

## SUBMISSION INSTRUCTIONS

### If you are a physician:

**Mail** Not available **Email** [rxpads@cpsbc.ca](mailto:rxpads@cpsbc.ca) **Fax** Not available

### If you are a dentist:

**Mail** BC College of Oral Health Professionals  
110-1765 W 8th Avenue  
Vancouver BC V6J 5C6 **Email** [registration@oralhealthbc.ca](mailto:registration@oralhealthbc.ca) **Fax** Not available

### If you are a veterinarian:

**Mail** College of Veterinarians of BC  
210-10991 Shellbridge Way  
Richmond BC V6X 3C6 **Email** [reception@cvbc.ca](mailto: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 drug programs at 604-733-7758 or 1-800-461-3008 extension 2629.