



HEALTH PRODUCTS
STEWARDSHIP ASSOCIATION

SERVICE & SUPPLY REQUEST FORM

British Columbia Medications Return Program

to schedule services, send this form to your service provider

Whitecap Fax: 1-866-489-4483 e-mail: carriem@whitecapenviro.com

Pharmacy Information

HPSA ID	Request Date
Pharmacy Name	
Address	
City	Postal Code
Phone Number	
E-mail	

(Print) Name/Title:

Signature:

New Supply Order

Item	Quantity
Medications Return Container	_____

Pick-up Request

Item	Quantity
Medications Return Container	_____

For Your Information

A courier vehicle will be dispatched to perform the supply and pickup at your location within 10 business days.

A minimum delivery of two (2) items is required to schedule a pickup. Containers must be full before requesting a pickup (no more than 23 kg per container).

Please keep a copy of this form and the associated courier receipt on file at your pharmacy.

Program Criteria Questions

- Can you confirm that only consumer returns of medications have been deposited in the medications return container?
 Yes No
- Can you confirm that there are no free liquids in the medications return container? *Please note that all liquid and cream medications must be placed in the container in their original bottle or tube.*
 Yes No
- Has the lid on the medications return container been properly sealed?
 Yes No

Additional Comments:
