



SERVICE & SUPPLY REQUEST FORM
Island Medications Return & Sharps Collection Programs

to schedule services, send this form to HPSA by e-mail or fax

Phone: 1-844-535-8889

Fax: 1-855-228-2099

e-mail: info@healthsteward.ca

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
Sharp Kit (24 sharp containers, 2 liners & 2 flat return boxes)	<input type="checkbox"/> _____
Extra Sharp Over-Packaging (flat return box & liner)	<input type="checkbox"/> _____
Medications Return Container (20L)	<input type="checkbox"/> _____

Pick-up Request

Item	Quantity
Sharp Return Box <i>(Approx. 12 sharp containers in box)</i>	_____
Medications Return Container (20L)	_____

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 service.

Containers and boxes must be full before requesting a pick (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 and medical sharps have been deposited in the program containers?
 Yes No
- Can you confirm that there are no free liquids or medical sharps within 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 securely sealed?
 Yes No
- Has the plastic liner within the Sharp Over-Packaging been tied off and the box sealed with tape?
 Yes No
- Is your pharmacy name and address clearly visible on the top or side of the pails or boxes ready for pick-up?
 Yes No