



**HEALTH PRODUCTS**  
STEWARDSHIP ASSOCIATION

## SERVICE & SUPPLY REQUEST FORM

### British Columbia Medications Return Program

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

Whitecap Fax: 1-866-489-4483 e-mail: [carriem@whitecapenviro.com](mailto:carriem@whitecapenviro.com) HPSA Fax: 1-855-228-2099 e-mail: [info@healthsteward.ca](mailto: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
Medications Return Container	_____

#### Pick-up Request

Item	Quantity
Medications Return Container	_____

#### For Your Information

A courier vehicle will be dispatched to perform the pickup at your location within 10 business days. If requested, supplies will be delivered at this time.

A minimum of two (2) items is required to schedule a pickup. Containers must be full before requesting a pickup (no more than 23kg 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 medication return containers?  
 Yes       No
- Can you confirm that there are no free liquids or medical sharps 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 closed and secured?  
 Yes       No

Additional Comments:

---



---



---



---