



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 of
Licensed Pharmacist:

Signature of Licensed
Pharmacist:

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 pick-up at your location within 10 business days.

Minimum delivery of two (2) items is required to schedule a pick-up.

Containers must be full before requesting a pick-up (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 have been placed in the medications return container?
 Yes No
- Can you confirm that there are no free liquids and/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
- Is the lid on the medication return container correctly sealed?
 Yes No

Additional Comments:
