



HEALTH PRODUCTS
STEWARDSHIP ASSOCIATION

SERVICE & SUPPLY REQUEST FORM
Ontario Medications Return Program and
Sharps Collection Program

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
Medications Return Container	_____
Sharp Kit (24 sharp containers, 2 liner & 2 flat return boxes)	_____
Extra Sharp Over-Packaging (flat return boxes & liners only)	_____

Pick-up Request

Item	Quantity
Medications Return Container	_____
Sharp Return Box	_____

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 four (4) items is required to schedule a service.

Containers and boxes 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 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

Additional Comments:
