



**HEALTH PRODUCTS**  
STEWARDSHIP ASSOCIATION

## SERVICE & SUPPLY REQUEST FORM

### British Columbia Medications Return Program

to schedule services, send this form to your service provider

Environmental 360 Solutions - Fax: 1-866-489-4483

e-mail: [ajoy@e360s.ca](mailto:ajoy@e360s.ca)

#### 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

- I confirm that only consumer returns have been placed in the medications return container.  
 Yes  No
- I 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
- I confirm that the lid on the medication return container is correctly sealed.  
 Yes  No

#### Additional Comments:

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