

Compounded Methadone 10mg/mL Request Form to Provincial Distribution Centre Pharmacy (PDC)

To order a patient's supply of compounded methadone 10mg/mL, the dispensing pharmacy must complete the following and fax to 604-941-0532. The dispensing pharmacy may need to add a "1" if there is a need to dial long distance. For your reference, PDC's phone number is: 604-927-2620

Dispensing Pharmacy name: _____ Date: _____

Pharmacy code: _____

Pharmacy address for delivery:

Pharmacy fax #: _____ Pharmacy phone #: _____

Requesting pharmacist (print): _____

Requesting pharmacist's license number: _____

Patient's name: _____

PHN: _____

To the Provincial Distribution Centre:

Please provide compounded methadone 10mg/mL for the above patient as per the attached prescription.

Notes:

Affix Compounded Methadone
Prescription form here