



New Brunswick  
College of Pharmacists  
Ordre des pharmaciens  
du Nouveau-Brunswick

686 boul. St-George Blvd, Suite 200  
Moncton, N.-B. E1E 2C6  
Tel: (506) 857-8957 Fax / Téléc: (506) 857-8838  
www.nbpharmacists.ca info@nbpharmacists.ca

**CONFIDENTIAL**

New Brunswick pharmacies are the intended recipients of this fax. If it was received in error, please contact us immediately at 1 800-463-4434 or info@nbpharmacists.ca. Unauthorized use or distribution is strictly prohibited.

**PHARMACY ALERT**

Effective date (YY/MM/DD): .....

All applicable fields below must be filled in. Incomplete forms will not be processed.

This is a new restriction

Cancellation (*Patient is no longer restricted*)

Section 1: Patient Information

First name: ..... Middle name(s) or initial(s): .....

Last Name: .....

Address: ..... City: ..... Province: .....

Postal Code: ..... Telephone: .....

Date of Birth: ..... Medicare number: .....  
Year Month Day

*Your [Medicare card](http://www.gnb.ca) is the most reliable piece of information to link your medication histories from all community pharmacies in New Brunswick. ([www.gnb.ca](http://www.gnb.ca))*

Pharmacy name:

.....

Section 2: Restriction Information

Pharmacy Certificate of Operation number: **P** .....

Address: ..... City: .....

Contact telephone number for clarification or questions if required: .....

Patient's Physician is or was: .....

Reported by (pharmacist / physician): .....

Pharmacist / Physician's Signature: .....

Section 3: Patient Consent

I, (patient name): ..... agree to the restriction(s) listed above, which shall take effect immediately until further notice of cancellation. I understand and agree the information on this form will be shared with the New Brunswick College of Pharmacists and with other pharmacies in New Brunswick for the purposes of this restriction.

.....  
Signature of patient



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**PHARMACY ALERT: LAW ENFORCEMENT**

**Law Enforcement Alerts for a stolen Rx pad, forged prescription, altered prescription, etc., will only be shared by the College after the incident was reported to local police or RCMP.** Has this incident been reported to the proper authorities?  Yes (Date: \_\_\_\_\_)  No

**Patient Information**

First name: ..... Middle name(s) or initial(s): .....

Last Name: .....

Address: ..... City: ..... Province: .....

Postal Code: ..... Telephone: .....

**Description of the issue that led to this alert:**

Pharmacy name: .....

Pharmacy Certificate of Operation number: **P** .....

Contact telephone number for clarification or questions if required: .....

Reported by (pharmacist / physician): .....

Pharmacist / Physician's Signature: .....

**Incomplete forms will not be processed.**

**REFER TO THE NBCP WEBSITE FOR THE MOST RECENT VERSION OF THIS DOCUMENT**