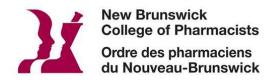


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City:
Medicare number:
City: Province: Medicare number:
Medicare number: Your Medicare card is the most reliable piece of information to link your medication histories from all community
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Your <u>Medicare card</u> is the most reliable piece of information to link your medication histories from all community
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City:
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PHARMACY ALERT: LAW ENFORCEMENT

Law Enforcement Alerts for a stolen Rx pad, forged prescr shared by the College after the incident was reported to le	•	
reported to the proper authorities? Yes (Date:	•	
Patient Information		
First name:	Middle name(s) or i	nitial(s):
Last Name:		
Address:	City:	Province:
Postal Code:		
Description of the issue that led to this alert:		
Division		
Pharmacy name:		
Pharmacy Certificate of Operation number: P		
Contact telephone number for clarification or questions if r	equired:	
Reported by (pharmacist / physician):		
Pharmacist / Physician's Signature		

Incomplete forms will not be processed.