



CONFIDENTIAL

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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](#) is the most reliable piece of information to link your medication histories from all community pharmacies in New Brunswick. (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



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

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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