White Cedar PHARMACY

White Cedar Pharmacy
125 Vickers St. South, Thunder Bay, Ontario P7E 1J2
Phone: 807-475-4357 (HELP)
Toll Free: 888-907-5008 • Fax: 888-827-1602

Prescription Transfer Request Form

Patient Name: ______________________________________

Date of Birth: ______________________________________

Phone Number: ______________________________________

Dependants: ______________________ ______________________

______________________ ______________________

______________________ ______________________

I Require Easy Open Lids: Yes ______ No ______ *Please check one*

These containers are easier to open than standard medication containers, but are not child-proof. Ensure these containers are kept out of reach of children.

I Require Blister Packs: Yes ______ No ______ *Please check one*

A blister pack separates each medication dose based on the day of the week and the time of the day, based on your prescription.

Current Pharmacy Name: ______________________________________

Current Pharmacy Phone No.: ______________________________________

I certify that the above information is correct and hereby authorize White Cedar Pharmacy to instruct my current pharmacy to transfer my prescriptions and all patient information to White Cedar Pharmacy effective immediately.

______________________________ ______________________________

Signature Date