CRESTWOOD APOTHECARY (PHARMACY) & COMPOUNDING LAB

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SIGNATURE



E-mail: crestwoodapothecary@shaw.ca

NAME

Pharmacy:		
Phone #	Fax #	
Hello,		
Health Canada has requested that we compounds that contain Narcotic and be used to ensure proper verification	or Controlled m	nedication. This database will
Please indicate the names and license pharmacy below – as well as their sign		Pharmacists working at your
Thank you very much.		
NAME	LICENSE #	SIGNATURE

LICENSE #