



SERVICE & SUPPLY REQUEST FORM

Manitoba Medications Return Program

to schedule services, send this form to HPSA by e-mail or fax

Phone: 1-844-535-8889

Fax: 1-855-228-2099

e-mail: info@healthsteward.ca

Pharmacy Information

HPSA ID Request Date

Pharmacy Name

Address

City Postal Code

Phone Number

E-mail

(Print) Name/Title:

Signature:

New Supply Order

Item	Quantity
Medications Return Pail (20L)	_____

Pick-up Request

Item	Quantity
Medications Return Pail	_____

For Your Information

A courier vehicle will be dispatched to perform the pickup at your location within 10 business days. If requested, supplies will be delivered at this time.

A minimum of two (2) items is required to schedule a pickup. Pails must be full before requesting a pickup.

Please keep a copy of this form and the associated courier receipt on file at your pharmacy.

Program Criteria Questions

- Can you confirm that only consumer returns of medications have been deposited in the program containers?
Yes No
- Can you confirm that there are no free liquids within the medications return pail? *Please note that all liquid and cream medications must be placed in the pail within a leak-proof container.*
Yes No
- Has the lid on the medications return pail been securely sealed?
Yes No

Additional Comments:

