

**Residuals Management Group Ltd.**  
**Phone: 604-726-4141**  
**Fax: 604-241-4649**



**B.C. Medications Return Program**  
**(www.medicationsreturn.ca)**

**NEW PHARMACY REGISTRATION FORM**

Date \_\_\_\_\_

Pharmacy Name & Number \_\_\_\_\_  
(eg: ABC Pharmacy #7111)

B.C. College of Pharmacists Licensing Number (X00) \_\_\_\_\_

Email Address: \_\_\_\_\_

Pharmacy Address:

Street \_\_\_\_\_

City: \_\_\_\_\_ B.C. Postal Code: \_\_\_\_\_

Regional District \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Please provide details of how you became aware of this post-consumer pharmaceutical stewardship program: (please mark with an "X")

<input type="checkbox"/>	Previous experience with the Program	<input type="checkbox"/>	B.C. College of Pharmacists
<input type="checkbox"/>	Your Company Head Office	<input type="checkbox"/>	Contacted by the Program
<input type="checkbox"/>	Other – (please provide details)		
<input type="checkbox"/>			

Please fax this registration form to (604) 241-4649 in order to register your pharmacy with the B.C. Medications Return Program. You will be contacted within a few days of receipt to arrange for delivery of program documentation and a disposal container.

Thank you for your interest in the B.C. Medications Return Program. We look forward to working with you!