

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 Pharmacy Number (X00) _____

Email Address: _____

Pharmacy Hours of Operation _____

Pharmacy Address:

Street _____

City: _____ B.C. Postal Code: _____

Regional District _____ Pharmacy Mgr. 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)		

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!