strathcona compounding ltd.

"Your Compounding Pharmacy"
Suite 201, 8225 – 105 Street NW
Edmonton, AB T6E 4H2
Ph: 780.432.0395 **Fax: 780.490.6222**

Compound Order Form

Date: _____

Pharmacy Name:
Address:
City:
Postal Code:
Phone:
Fax:
Email (optional): _____

Order placed by (Staff Name): _____
For Controlled Substance orders only:
Health Canada Dealer's License Number 6-1359, please have a pharmacist sign below, thank you.

_____ _____
Pharmacist Signature License number

Medication: _____

Strength: _____

Quantity: _____

Special Instructions: _____
(i.e.: flavour, allergy concerns)

Please check all that apply:

☐ **Prepare Compound and Deliver / Ship to Pharmacy**

☐ **Provide ingredient list**

☐ **Provide quote**

We will contact you with the requested quote, ingredient list, and/or delivery day or pick up time confirmation; please keep a copy for your records.