

Forgery Report Form for <u>all</u> Prescription Drugs (Filled and Unfilled)

Fax this form and a copy of the Rx to the SCPP at (306) 584-9695. Retain copy for at least 2 years.								
Included with this report: Copy of the Rx O Health Canada Loss or Theft Form O Additional Pages #:								
Section 1: Pharmacy Information								
Pharmacy N		Pharmacy	Permit #	Pharmacy Telep	hone #			
Section 2: Prescription Information (<i>Include a copy of the prescription if possible</i>)								
How was the	e prescription received by the pharr	When was the p	rescription received?					
Brought in b	y patient O Brought in by pa	Date:						
Faxed to pha	armacy	Time:						
Phoned in	Phoned in O							
Type of prescription if physical copy: Hand-written O Electronically-generated O								
Patient named on prescription				Pt ID verified? Yes O No O				
		If yes, type of ID verified (e.g. Driver's License, HSN):						
Patient from	out of province? Yes O	Last 3 Digits of HSN (If available)						
Practitioner	from out of province? Yes O							
Practitioner	on prescription (professional title/na	ame/phone)		Practitioner cont	act information verified?			
		Yes O No C)					
Continue Or F	adoral Departing Descriptors							
	ederal Reporting Requirement scription dispensed?	Yes C) No O					
Is the prescription for a controlled substance? Yes O No O If yes to both, submit the Loss or Theft Report Form for Controlled Substances to Health Canada and the SCPP.								
Section 4: Drug Information								
DIN	Name of Product and Strength		Quantity	Dosage Form (e	g. capsule, liquid)			
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Resources:

- Health Canada Guidance on reporting loss or theft of controlled substances and precursors
- SCPP Reporting Loss or Theft of Controlled Substances

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Section 5: Details of Incident (Please be as detailed as possible. Attach additional pages if needed)								
Date of Discovery (YYYY-MM-DD)	Discovery (YYYY-MM-DD) Police Notified? Police Service Incide		nt Number					
	Yes O No C)						
Why you suspected the forgery? How	you discovered it	t? Were y	ou able to confirm with	the prescriber?				
Section 6: Pharmacy Professional Info	ormation							
Name (printed)		Title		License Number				
Signature				Data (VVVV MM DD)				
Signature				Date (YYYY-MM-DD)				

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