

Narcotics and Controlled Drugs Authorization Form

150-13711 Mayfield Place, Richmond B.C. V6V 2G9 Telephone: 604.273.8899 | Fax: 604.273.8199 Toll Free Tel. 1.844.273.8899 | Toll Free Fax 1.844.273.8199

Email: sales@idci.ca

16504 121A Avenue NW, Edmonton, AB T5V 1J9 Telephone: 780.453.1701 | Fax: 780.453.7720 Toll Free Tel. 1.877.554.8258 | Toll Free Fax 1.877.686.6066

Email: customerservice@idci.ca

IDCI Customer #:		Date:			
Store Name:		Store#:			
Address:			<u> </u>		
City:	Province:	Postal Code:			
Phone#:	Fax#:	Pharmacy License #:			

Note: British Columbia and Alberta pharmacists must be currently registered with their respective colleges as being eligible to order narcotics for the above noted store, before IDCI will release any orders. Please keep a copy for your records.

						Internal Use Only	
Pharmacist Name	Signature	Pharmacist License #	Personal Email	Add	Delete	Pharmacist ID#	Approved (Y/N)

Please send complete form via fax or email.

If you have any questions regarding this form, please contact customer service for assistance.

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