

Platinum Compound Rx Pharmacy

Theresa Mahood RPh #48103
Compounding Pharmacist
Pharmacy Manager

UB-2 2665 Henderson Hwy
East St. Paul, Manitoba R2E0K7
T: (204) 306-4445
F: (833) 536-1732

Central Fill and Outsourced Compounded Products Agreement

_____ (pharmacy name, further reference to as "the pharmacy") licensed in the Province of Manitoba by the College of Pharmacists of Manitoba. Pharmacy License # _____

Pharmacy Address: _____

Telephone #: _____ Fax#: _____

-and-

Platinum Compound Rx Pharmacy

1-B 2665 HENDERSON HWY. EAST ST. PAUL, MB, R2E 0K7

PHONE: 204-306-4445 | FAX: 833-536-1732

Pharmacy license: 35839

"The pharmacy" consents to the externalization of compounding services for non-sterile extemporaneous products by Rx Pharmacy and Compounded Products. These services will adhere to the guidelines and regulations established by the College of Pharmacists of Manitoba and Health Canada.

"The Pharmacy" acknowledges that payment for the products and services rendered by Platinum Compound Rx Pharmacy will be conducted through a credit card, as specified in a separate credit card authorization form.

Signature (as per pharmacy): _____

Name (as per pharmacy): _____

Date: _____

Signature (Platinum Compound Rx Pharmacy): _____

Name (Platinum Compound Rx Pharmacy): _____

Date: _____

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PAYMENT AUTHORIZATION FORM

Veterinary clinic, Hospital, or Pharmacy Name:

Address: _____

Phone: _____ Fax: _____

PLEASE COMPLETE THIS SECTION AND **FAX TO 1-833-536-1732**

Credit Card (Please Check one)

- VISA
 MASTERCARD
 AMERICAN EXPRESS

Name on Credit Card: _____

Credit Card #: _____

Expiration Date: ____/____

Security Number (3-Digit): _____

****Agreement must be signed by the Pharmacy Manager or Pharmacy Owner****

Title (Owner or Pharmacy Manager): _____

NAME (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____