



## ORDER FORM

USE THIS ORDER FORM FOR A NEW SUPPLY OF PRESCRIPTION BLANKS	
If a Doctor SEND order form to: College of Physicians and Surgeons of British Columbia 400 – 858 Beatty Street Vancouver, BC V6B 1C1 Tel: 604-733-7758	
If a Dentist SEND order form to: College of Dental Surgeons of British Columbia 500 – 1765 West 8 <sup>th</sup> Avenue Vancouver, BC V6J 5C6 Tel: 604-736-3621	
If a Veterinarian SEND order form to: British Columbia Veterinary Medical Association 107 – 828 Harbourside Drive North Vancouver, BC V7P 3R9 Tel: 604-929-7090	
Please send supply of blanks To the undersigned DATE _____	
_____ NAME	
_____ STREET	
_____ CITY-PROVINCE-POSTAL CODE	
OFFICE PHONE NUMBER	_____ SIGNATURE
PLEASE CHECK <input type="checkbox"/> 1 PAD (50 FORMS) <input type="checkbox"/> 2 PADS (100 FORMS) <input type="checkbox"/> 3 PADS (150 FORMS) <input type="checkbox"/> 4 PADS (200 FORMS)	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">         COLLEGE I.D. NUMBER       </div>