



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 8th 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-PROV-POSTAL CODE	
OFFICE PHONE NUMBER	_____
	SIGNATURE
PLEASE CHECK <input type="checkbox"/> 1 PAD (50 FORMS) <input type="checkbox"/> 2 PAD (100 FORMS) <input type="checkbox"/> 3 PAD (150 FORMS) <input type="checkbox"/> 4 PAD (200 FORMS)	<div style="border: 1px solid black; padding: 5px; width: fit-content;">COLLEGE I.D. NUMBER</div>