

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 <u>Health Canada Loss or Theft Form</u> O Additional Pages #: ____

Section 1: Pharmacy Information										
Pharmacy Name			Permit #	Pharmacy Telephone #						
Section 2: Prescription Information (Include a copy of the prescription if possible)										
How was the pre	scription rece	eived by the phar	When was the prescription received?							
Brought in by pat	iient O	Brought in by p	Date:							
Faxed to pharma	acv O	→Relationsh								
Taked to phanna			II KIIOWII.	Time:						
Phoned in	0									
	Ũ									
Type of prescription if physical copy: Hand-written O Electronically-generated O										
Patient named or	n prescriptior	1	Pt ID verified? Yes O No O							
			If you type of ID you find (or Driver's							
			If yes, type of ID verified (e.g. Driver's License, HSN):							
Patient from out	of province?	Yes O	No O		Last 3 Digits of HSN (If available)					
Practitioner from	out of provin	ice?Yes 🔿	No 🔿							
Practitioner on p	rescription (p	professional title/na	ame/phone)		Practitioner contact information verified?					
			Yes O No O							
Section 3: Feder	al Reporting	Requirement								
Section 3: Federal Reporting Requirement Was the prescription dispensed? Yes O No O										
Was the prescription dispensed? Yes O 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 Na	me of Produc	ct and Strength		Quantity	Dosage Form (e.g. capsule, liquid)					

Resources:

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



Section 5: Details of Incident (Please be as detailed as possible. Attach additional pages if needed) Date of Discovery (YYYY-MM-DD) Police Notified? Police Service Incident Number								
Date of Discovery (YYYY-MM-DD)			Police Service Incider	nt Number				
	Yes 🔿	No 🔿						
Why you suspected the forgery? How	Yes 🔿	No 🔿						
Section 6: Pharmacy Professional Inf	ormation	Title		Liconco Number				
Name (printed)		Title		License Number				
Signature				Date (YYYY-MM-DD)				