



Forgery Report Form for all 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 ☐ [Health Canada Loss or Theft Form](#) ☐ Additional Pages #: _____

Section 1: Pharmacy Information			
Pharmacy Name		Pharmacy Permit #	Pharmacy Telephone #
Section 2: Prescription Information (<i>Include a copy of the prescription if possible</i>)			
How was the prescription received by the pharmacy?		When was the prescription received?	
Brought in by patient <input type="radio"/> Brought in by patient's agent <input type="radio"/>		Date:	
Faxed to pharmacy <input type="radio"/> → Relationship to patient if known:		Time:	
Phoned in <input type="radio"/>			
Type of prescription if physical copy: Hand-written <input type="radio"/> Electronically-generated <input type="radio"/>			
Patient named on prescription		Pt ID verified? Yes <input type="radio"/> No <input type="radio"/> If yes, type of ID verified (e.g. Driver's License, HSN):	
Patient from out of province? Yes <input type="radio"/> No <input type="radio"/> Practitioner from out of province? Yes <input type="radio"/> No <input type="radio"/>		HSN (If available)	
Practitioner on prescription (professional title/name/phone)		Practitioner contact information verified? Yes <input type="radio"/> No <input type="radio"/>	
Section 3: Federal Reporting Requirement			
Was the prescription dispensed? Yes <input type="radio"/> No <input type="radio"/>			
Is the prescription for a controlled substance? Yes <input type="radio"/> No <input type="radio"/>			
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	Name of Product and Strength	Quantity	Dosage Form (e.g. capsule, liquid)

Resources:

- Health Canada – [Guidance on reporting loss or theft of controlled substances and precursors](#)



Date of Discovery (YYYY-MM-DD)	Police Notified? Yes <input type="radio"/> No <input type="radio"/>	Police Service Incident Number
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Name (printed)	Title	License Number
Signature		Date (YYYY-MM-DD)