

Pharmacist Registration Form

New: Change:

Name: _____

MSP Practitioner Number: _____

Primary Work Address: _____

PHARMACY CONTACT

Contact: _____

Phone #: _____

Fax #: _____

Private Phone #: _____

Email Address: _____

PHARMACY HOURS (hh:mm)

Lunch Hour (hh:mm)

Sunday: from: _____ to: _____ from: _____ to: _____

Monday: from: _____ to: _____ from: _____ to: _____

Tuesday: from: _____ to: _____ from: _____ to: _____

Wednesday: from: _____ to: _____ from: _____ to: _____

Thursday: from: _____ to: _____ from: _____ to: _____

Friday: from: _____ to: _____ from: _____ to: _____

Saturday: from: _____ to: _____ from: _____ to: _____

AFTER HOURS

Phone #: _____

Cell Phone #: _____

Home #: _____

BACKUP COVERAGE

Name: _____ Phone #: _____

Fax to 1-877-412-4440 or Local 604-412-4445