

R3T 2B9 Canada

To comply with Manitoba pharmacy regulations, your written consent is required to use non-child resistant containers for your medications. In order to receive non-child resistant containers you need to complete this form and return it to us. Until this form is received, you will continue to receive your medications in child resistant containers.

CONSENT TO RECEIVE MEDICATIONS IN NON-CHILD RESISTANT CONTAINERS

I hereby request that all medications provided to me be packaged in non-child resistant containers.

Patient Name:		 	
or			
Power of Attorney	(if Granted):	 	
Signature:			
Dated:			
Please return via			
Fax: 1-844-803-56	27		
or			
Email: info@spfph	armacy.com		
or			
Mail: 200-1383 Winnipeg,			