Controlled Drugs and Substances Destruction Request

To: **Compliance, Monitoring and Liaison Division**
Office of Controlled Substances
Drug Strategy and Controlled Substances
Telephone: (613) 954-1541 Fax: (613) 957-0110

From:

Name of Establishment:		
Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	
Pharmacist Name (please print):		Registration #:
Pharmacist Signature:		Date:
Co-Pharmacist Name (please print):		Registration #:
Co-Pharmacist Signature:		Date:

Quantity/Form	Product Name and Strength	Expiry Date	Lot Number