REQUEST TO DESTROY DRUGS COVERED BY THE CONTROLLED DRUGS AND SUBSTANCES ACT

TO: Compliance, Monitoring and Liaison Division
Office of Controlled Substances
Drug Strategy and Controlled Substances Program
Health Canada
Address Locator: 3502B
Ottawa, Ontario K1A 1B9
Fax #: (613) 957-0110

FROM: Pharmacy Name: _____

Pharmacy Address: _____ (Street Address) _____ (P.O. Box (if applicable))

_____ (City/Town) _____ (Province) _____ (Postal Code)

( ) _____ (Phone Number) ( ) _____ (Fax Number)

Pharmacist-in-Charge: _____ (Name) _____ (Registration #)

_____ (Signature) _____ (Date of Request)

Quantity & Form	Drug Name and Strength	Expiry Date	Lot Number

_____ Signature of Pharmacist-in-Charge

_____ Signature of Witness

_____ Date of Destruction

_____ Date Witnessed