



Terms and Conditions

_____ licensed in the Province of _____ by
(Name of Practitioner)

_____. License# _____

Clinic Name: _____ Tel: _____

Clinic Address: _____ Fax: _____

-and -

CPM - The Compounding Pharmacy of Manitoba; License #33859
1290 Mountain Ave.
Winnipeg, MB R2X3A3

The Clinic hereby agrees to the Terms and Conditions for pharmacy services as identified by the Compounding Pharmacy of Manitoba which shall in turn be subject to the rules and regulations as set forth by the College of Pharmacists of Manitoba and Health Canada.

The Clinic agrees to pay for the product and services provided by the Compounding Pharmacy of Manitoba as identified below:

Credit Card (Only Visa and Mastercard are accepted)

VISA/MASTERCARD (Please circle ONE)

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____

Security Number (3-Digit) _____

Signature
(Practitioner)

Name (Please Print)
(Practitioner)

Date

Signature
(as per Compounding Pharmacy of Manitoba)

Name (Please Print)
(as per Compounding Pharmacy of Manitoba)