



## Forgery Report Form for all Prescription Drugs (Filled and Unfilled)

Fax this form and a copy of the Rx to the SCPP at (306) 584-9695. [Retain copy](#) for at least 2 years.

Included with this report: Copy of the Rx  [Health Canada Loss or Theft Form](#)  Additional Pages #: \_\_\_\_\_

Section 1: Pharmacy Information			
Pharmacy Name		Pharmacy Permit #	Pharmacy Telephone #
Section 2: Prescription Information ( <i>Include a copy of the prescription if possible</i> )			
How was the prescription received by the pharmacy?		When was the prescription received?	
Brought in by patient <input type="radio"/> Brought in by patient's agent <input type="radio"/>		Date:	
Faxed to pharmacy <input type="radio"/> → Relationship to patient if known:		Time:	
Phoned in <input type="radio"/>			
Type of prescription if physical copy: Hand-written <input type="radio"/> Electronically-generated <input type="radio"/>			
Patient named on prescription		Pt ID verified? Yes <input type="radio"/> No <input type="radio"/>	
		If yes, type of ID verified (e.g. Driver's License, HSN):	
Patient from out of province? Yes <input type="radio"/> No <input type="radio"/>		Last 3 Digits of HSN (If available)	
Practitioner from out of province? Yes <input type="radio"/> No <input type="radio"/>			
Practitioner on prescription (professional title/name/phone)		Practitioner contact information verified?	
		Yes <input type="radio"/> No <input type="radio"/>	
Section 3: Federal Reporting Requirement			
Was the prescription dispensed?		Yes <input type="radio"/> No <input type="radio"/>	
Is the prescription for a controlled substance?		Yes <input type="radio"/> No <input type="radio"/>	
<b>If yes to both</b> , submit the <a href="#">Loss or Theft Report Form for Controlled Substances</a> to <b>Health Canada and the SCPP</b> .			
Section 4: Drug Information			
DIN	Name of Product and Strength	Quantity	Dosage Form (e.g. capsule, liquid)

Resources:

- Health Canada – [Guidance on reporting loss or theft of controlled substances and precursors](#)
- SCPP – [Reporting Loss or Theft of Controlled Substances](#)

