The Manitoba Pharmaceutical Association

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Request to Destroy Drugs Covered by the Controlled Drugs and Substances Act

Pharmacy:_____

Address:_____ City:_____ Province:_____

Phone Number _____ Pharmacy Manager _____

This letter is to request permission to destroy the following narcotic, controlled, benzodiazepines and/or other targeted substances.

Drug	Strength	Quantity	Expiry Date	Lot. No.

Pharmacy Manager: _____ Date:_____

Approved for Destruction by:_____ Date Approved: _____

Date of Destruction:_____

Pharmacist: _____ Witness: _____

Mail to: Compliance, Monitoring and Liaison Division
Office of Controlled Substances
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3502B
Ottawa, Ontario K1A 1B9
Tel: (613) 954-1541 Fax: (613) 957-0110

M.Ph.A. Mission: To protect the health and well being of the public by ensuring and promoting safe, effective and progressive pharmacy practice.