



ORDRE DES **PHARMACIENS** DU QUÉBEC

Présent pour vous



IMPORTANT: In order to **send** this form by email, you must download the latest version of Acrobat Reader.
Click on the following link: get.adobe.com/reader/

1. Request for Inquiry

This form is addressed to the Inquiry Department of the Ordre des pharmaciens du Québec to inform them that a pharmacist has committed an infraction under the *Professional Code* (CQLR, c. C-26), the *Pharmacy Act* (CQLR, c. P-10) or the regulations thereto and to request that an inquiry be undertaken to this effect.

Please complete the form and click on the "Send" button or print the form and send it to: **Inquiry Department, Ordre des pharmaciens du Québec, 266 Notre-Dame West, Suite 301, Montreal, Quebec, H2Y 1T6**, or by fax at **514-284-1174**. Your request will be processed as soon as possible.

2. Identification of the Applicant

Mrs. Mr.

Last Name _____ First Name _____

Date of Birth, only if the applicant is the patient (YYYY/MM/DD) / /

Address _____

City _____ Province _____ Postal Code _____

Phone Home _____ Office _____ Ext. _____ Mobile _____

Relationship with Patient (if applicable) _____

Witness _____ Phone _____

3. Identification of the Patient (if different than the person requesting the inquiry)

Mrs. Mr.

Name at Birth _____ First Name _____

Date of Birth (YYYY/MM/DD) / / Phone _____

4. Identification of the Pharmacist

Name of the Pharmacist Involved _____

Name of the Establishment (see on the label and/or the receipt) _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____

5. Reasons for the Request for Inquiry

Do you have in your possession any document or any other items (medication) relevant to the inquiry? Yes No

If yes, and you are unable to send them electronically, please forward them to us by mail along with this completed form.

Relate the facts and indicate the reasons why you are requesting this inquiry. Do not forget to specify the dates, times or periods relating to the events or incidents in the order in which they occurred.

If there is not enough space, please attach another document to the form.

6. Inquiry Follow-Up

According to the *Professional Code*, you will be informed in writing of the progression of the inquiry and its outcome. If you prefer not to be informed, partially or completely, please check the box corresponding to your choice.

- I do not wish to be informed of the progression of the inquiry. (I wish to be informed of the outcome only.)
- I do not wish to be informed of the progression and the outcome of the inquiry. (I do not wish to be informed at all.)

Signature required if the form is printed.

Signature _____ Date _____

Email required if the form is sent electronically.

Email _____

SAVE

SEND

PRINT