



ORDRE DES **PHARMACIENS** DU QUÉBEC

Présent pour vous

INQUIRY REQUEST FORM

This form is addressed to the Ordre des pharmaciens du Québec to inform the Inquiry Department, that a pharmacist may have committed an offence contemplated in the *Professional Code* (R.S.Q., c.C-26), the *Pharmacy Act* (R.S.Q., c.P-10) or their regulations and bylaws, and to ask that an investigation be carried out for this purpose.

PERSON ASKING THIS INQUIRY

Mrs. Mr.

Birth name: _____

First name: _____

Address: _____

Home: () _____

Work: () _____

Cellular: () _____

PATIENT

Mrs. Mr.

Birth name: _____

First name: _____

Date of birth: _____

(yyyy/mm/dd)

Address: _____

Home: () _____

Other: () _____

PHARMACY (see labels and/or receipts)

Name: _____

Address: _____

Phone number: () _____

CONCERNED PHARMACIST

Name: _____

First name: _____

Physical description (if unknown name):

ANY OTHER IMPLIED PERSON/WITNESS

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Forward this form under confidential fold or by fax, to the Inquiry Department of which you will find coordinates below. On reception of your inquiry request, you will receive an acknowledgement of delivery.

