



MEDICAL PROFESSION ACT
PG TRIPLICATE PRESCRIPTION PROGRAM ORDER FORM

Contact Information

Date	
Physician Name (Last, First, Initials)	
Clinic	
Home Address	
Clinic Phone Number	
Physician Phone Number	

Order Request

___ One temporary triplicate prescription pad (5 prescriptions) for pick up.

Your name and TPP identification number will be imprinted on all prescription forms. Only doctors who provide Permanent Business Addresses will have an imprinted address. If the doctor changes clinics, scratch off the address on pad and put the new clinic address and phone number on it.

ALL UNUSED PRESCRIPTIONS MUST BE RETURNED TO THIS OFFICE!

FAX OR EMAIL REQUESTS TO YUKON MEDICAL COUNCIL
867-393-6483 or ymc@gov.yk.ca

Signature _____

Date _____
 YYYY MM DD

FOR OFFICE USE ONLY	
Authorized By	
TPP Practitioner Number	
Date Issued/Ordered	
Prescription Numbers (if applicable)	