



**MEDICAL PROFESSION ACT**  
**TRIPLICATE PRESCRIPTION PROGRAM ORDER FORM**

**Contact Information**

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

**Order Request**

- \_\_\_ One temporary triplicate prescription pad (10 prescriptions) for pick up.
- \_\_\_ One (1) triplicate prescription pad (50 prescriptions) will be delivered to you by courier.
- \_\_\_ Two (2) triplicate prescription pad (100 prescriptions) will be delivered to you by courier.

*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)	