ST. PAUL'S HOSPITAL
PROVIDENCE HEALTH CARE

1081 Burrard Street
Vancouver, BC Canada V6Z 1Y6
Tel 1-855-406-8539 (toll free) or 604-806-8539
Fax 604-806-8255

Antiretroviral Medication Return Form

Medications being returned from: ____ Contact Phone# __________________

Medications to be returned:

Patient	Medication Name & Strength	Quantity*

* If bottles partially used, specify approximate quantity

- Return medications if >30 days past expected pick-up date. Return all discontinued ARV medications.
- If medications are blister-packed, please ensure drug name, strength, lot and expiry dates are clearly indicated on packaging for future use.

I acknowledge that the above medication(s) has been stored under appropriate conditions and has been only handled by a healthcare professional.

Printed Name: ____________________________________ Date: ___________________ (dd/mmm/yyyy)

Please fax form to 604-806-8255 to request courier pick up of medications for return. Please ensure medications are boxed/bagged and ready for pick up.

Return with meds to (include form):

St. Paul's Hospital AMBULATORY Pharmacy
Room 162R, 1081 Burrard Street
Vancouver, BC
V6Z 1Y6

Please retain a copy of this form for your records.

v. 2020-04-24

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