PharmaLion Pharmacy Inc.

FAX CONSULTATION REQUEST FORM

Prescriber Information:

Name of professional / License number:	_____
Phone number / Fax number:	_____

Patient Information:

Consent obtained from the patient to open a file with PharmaLion:	( ) Yes ( ) No
Full name / Date of birth or RAMQ number:	_____

Consultation Request Details:

Describe the issue/problem:

_____
_____
_____
_____
_____
_____

PharmaLion is committed to processing this request as quickly as possible and will send the response by fax to the indicated number.

Signature of professional: _____ Date: _____

Thank you for trusting PharmaLion with the optimization of care provided to your patients.