Shawano Pharmacy
FREE CITY-WIDE DELIVERY

SHAWANO PHARMACY
2-2521 McPhillips Street
Winnipeg, MB - R2V 4M3

Phone: 1-833-742-9266 | Fax: 1-833-496-0204
www.shawanopharmacy.ca

# CONSENT TO TRANSFER PHARMACY PROFILE

I authorize **SHAWANO PHARMACY** to obtain all prescription profile and information relevant to my pharmacy needs. (Information includes personal health information, contact information, past medical and medication history and insurance/third party payer and any other information needed to provide pharmacy services including MAR sheets).

I also hereby authorize **SHAWANO PHARMACY** to become the provider of medications and other pharmacy services. My signature means that:

- I have read this consent, or have it read to me and understand and agree with its contents
- I understand the information collected from all sources will be held in strictest confidence
- I understand that I may revoke this consent by a written statement at any time

**Name (Printed)**_____ **Date:**_____

**Signature:** _____ **Email:** _____

**Phone number:** _____ **Treaty#:** _____

**Date of Birth:** _____

**PHIN:** _____ **Community:** _____

**BOX #:** _____ **Other Insurance:** _____

**Current Pharmacy:** _____

**Pharmacy's Address:**_____

**Fax patient information to Shawano Pharmacy at 1-833-496-0204 / 1-204-944-1540**

**Pharmacist:** _____ **License #:** _____