uniPHARM Wholesale Drugs Ltd.
Independent Pharmacists ...for independent pharmacy

CANADA'S BEST MANAGED COMPANIES Platinum member

Narcotic Authorization Form

FAXED

Trade Name (the "Customer")

KNIGHTS PHARMACY
Trade Name

330 MAIN ST
Address

BC
Province

10431
Account No.

PENTICTON
City

V2A 5C3
Postal Code

1-250-492-6699
Fax No.

Pharmacist

Donald
First Name

07290
Pharmacist No.

Cocar
Last Name

The undersigned acknowledges that he/she is legally registered to purchase and dispense narcotics. This Authorization will cover all companies that the undersigned is employed with and may be revoked or cancelled at any time upon notice by the undersigned to uniPHARM Wholesale Drugs Ltd., either in writing or orally with proper authorization to verify the identity of the undersigned.

Signature of Pharmacist

DJ Cocar
Print Name

Sept 13/16.
Date

Please fax (604.270.6537) your completed narcotic authorization form to the Customer Service Team Member below:

☐ Cheryl Corkum ☑ Donna Kill ☐ Paula Enge ☐ Chelsea Manansala ☐ Nancy Ng ☐ _____