

Special Access Program - Narcotic / Controlled Substances Order Form

Shipping Address: _____ Tel. No: (____) _____

 _____ PO No: _____

Pharma Importing Inc.

Patient Initials		
Date of Birth (dd/mm/yyyy):	Sex	
	Male	Female
Maintenance Dose		
Physician's name & License number		
Physician's Address		

Product Code	DIN numbers	Description	Quantity
700336	S.A.P.	Subutex S/L Tabs 0.4 MG packs 1X7's	
700337	S.A.P.	Subutex S/L Tabs 2.0 MG packs 1X7's	
700338	S.A.P.	Subutex S/L Tabs 8.0 MG packs 1X7's	

S/L is Sublingual

- Note: Order quantities must be factored down to individual packs of 7 tablets.**
This order form must be signed by a valid narcotic signing authority and for which the SAP has been authorized, by Health Canada.

Signature: _____ **Date:** _____

Print in Full: _____ **License #:** _____

Send Order To: Indivior Canada Ltd.
2600 boul. Alfred Nobel, Suite #200
Saint-Laurent, QC
H4S 0A9
Tel 514-229-0554