

Pharmacy Communication

Familiprix Fadi Chamoun & Spiros Marinis
C.P 10, Kahnawake, Québec J0L 1B0
Telephone: (450) 638-5760
Fax number: (450) 635-8249

To the attention of *Dr.*

Fax number: \$

Number of pages: _____

Subject:

Hi doctor, can you please fill the following authorization form for Diapers & Pads for this patient please. You can send it back to us in order for us to treat the request and submit it to Health Canada.

Thank you and have a good day,

Sent by: _____

**This document contains confidential information; if you have received it by error please return it to the above address.