



**YUKON  
MEDICAL  
COUNCIL**

**Office of the Registrar of Medical Practitioners**

P.O. Box 2703 (C-18)  
Whitehorse, Yukon Y1A 2C6

Phone (867) 667-3774

E-Mail: [ymc@gov.yk.ca](mailto:ymc@gov.yk.ca)

Fax (867) 393-6483

## TRIPPLICATE PRESCRIPTION PROGRAM ORDER FORM

---

**NEW APPLICATION**

**RE-ORDER REQUEST**

Doctor Name: \_\_\_\_\_  
*First Name Initials Last Name*

Yukon Clinic Name: \_\_\_\_\_

Yukon Clinic Address \_\_\_\_\_

Permanent Business Address (if different from above): \_\_\_\_\_

Clinic Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Name and TPP identification number will be imprinted on all prescription forms. Only doctors who provide Permanent Business Addresses will have an imprinted address. If the doctor changes clinics, scratch off the address on pad and put the new clinic phone number on it.*

Triplicate prescription pad (10 prescriptions) for immediate pickup/delivery

Sign for Receipt: \_\_\_\_\_  ID verified

Triplicate prescription pad (50 prescriptions) for delivery to your Yukon clinic by courier

Triplicate prescription pad (100 prescriptions) for delivery to your Yukon clinic by courier

**FOR OFFICE USE ONLY**

Authorized by: \_\_\_\_\_ TPP Practitioner Number: \_\_\_\_\_

Licence No. \_\_\_\_\_ Date issued: \_\_\_\_\_

Prescription Numbers issued \_\_\_\_\_ to \_\_\_\_\_