Brighton Remedy's Rx

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RAVEL MEDICATION	REQUEST FOR	KIVI
Patient Name		
Date of Birth		
Phone Number		
Departure Date	Return Date	
Destination		
Pick Up Date		
Patient Signature	Date	
Required Medication	ns	
t is good practice to take with you an extra two wee illows. Don't forget to request for diabetic supplies pintments. Ask your pharmacist to review your med the event that you require medical attention, this list sharmacy to book your appointment today.	(e.g. test strips, lancets, needles, insuication list and provide you with an upo	lin), syringes, Epipen, creams and dated medication list for your trip. In
Medication Name		Days Supply Required

- TRAVELLERS ARE RESPONSIBLE FOR:

 Having a valid prescription to cover for the entire vacation supply
 Contacting your private insurance for approval of the vacation supply medications for the duration required
 - **PRIOR** to making vacation supply request
 - Ontario Drug Benefit (ODB) plan members: In order to receive a 6 month vacation supply, there must be
 - less than 30 days of your medications remaining at home or you are only entitled to a 3 month supply (additional 3 months would not be covered and patient is responsible for costs).
 - Proof of Trip Itinerary along with submission of the travel medication request form