



PRINCE EDWARD ISLAND
COLLEGE OF PHARMACISTS

Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)

Complaint Consent Form

I, _____ give the Prince Edward Island College of Pharmacists permission to access my pharmacy records and request and receive copies of all medical and pharmacy related records related to the complaint received _____ . I give permission to discuss the information received as part of the complaint to the person(s) named in the complaint or any persons deemed necessary in the investigation of the complaint.

Signed: _____

Dated: _____

Please forward the signed consent form to:

Mail: PEI College of Pharmacists
375 Trans Canada Hwy, PO Box 208
Cornwall, PEI
COA 1J0

Fax: 902-628-6946

Email: info@pepharmacists.ca