



Notification of Temporary Pharmacy Closure

Fax (902) 422-0885 or Email: info@nspharmacists.ca this form to the NSCP

Date: _____ Pharmacy Name: _____

Pharmacy Manager Name: _____ Phone Number: _____

Address: _____

Dates of Closure (start/finish, if known): _____

Arrangements for access to patient records (planned closures) and prescriptions awaiting pick-up:

Details of emergency contact information provided to patients / public (if applicable):

Additional information as applicable (arrangements made with local prescribers, etc.):

Date