

Medication Transportation Cover Letter

Originating Site:	Date and Time Sent:
Receiving Site:	Date and Time Received:
	Date of Anticipated Arrival:
Special Considerations (check all that ag	oply):
Refrigerated product(s) -unpack immedi	ately upon receipt
Verify temperature indicator is wi	thin range Initial:
Narcotic/ Controlled drug(s)*	
Notes:	
Received by (print):	Received by (signature):
*Received by (print):	*Received by (signature):
Double signature for narcotics	
Once received, fax back to:	

Site	Fax Number
Altona Hospital Pharmacy	(204) 324-1299
MON-THURS, FRI 9-12	
Altona Acute Care Nursing Desk	(204) 324-8256
Bethesda Regional Health Centre	(204) 346-1088
Pharmacy	
Boundary Trails Hospital Pharmacy	(204) 331-8911
Carman Memorial Hospital Pharmacy	(204) 745-3029
MON,WED,FRI	
Carman Memorial Hospital Nursing Desk	(204) 745-2609
Eden Hospital Pharmacy	(204) 325-8429
LTC Pharmacy	(204) 325-1707
Morris Hospital Pharmacy	(204) 746-8457
Closed Fridays	
Morris Hospital Nursing Desk	(204) 746-8064
Notre Dame Health Centre Pharmacy	(204) 248-2218
Portage District General Hospital	(204) 857-4356
Pharmacy	
Gladstone Health Centre Nursing Desk	(204) 385-2173
Hôpital St. Anne Hospital Nursing Desk	(204) 422-3103
DeSalaberry District Health Centre	(204) 433-7701
Nursing Desk	
Vita and District Health Centre – Dueck	(204) 425-3043
Drug Store (Regular Hours Delivery)	
Vita and District Health Centre Nursing	(204) 425-3731
Desk (After Hours Delivery)	
Rock Lake Health District Centre Nursing	(204) 873-2326
Desk	
Lorne Memorial Hospital Nursing Desk	(204) 836-2044