



Special Product Request

Confirmation of Safe Arrival at Final Destination

Please submit this saveable PDF form by e-mail immediately upon arrival at final destination.

Date of arrival at destination (mm/dd/yyyy):

Shipment Number (if known):

The condition of the boxes and their contents at final destination were:

Satisfactory

Slightly damaged

Damaged

Some items were expired

Some items were missing

Did the contents match the packing list?

If no, please specify:

YES

NO

Name of physician receiving medicines at final destination (if no physician, name and title of person responsible):

By checking this box I hereby confirm the safe arrival of the medications outlined in the packing list at the final destination.

Electronic signature (please type full name)

Date signed (mm/dd/yyyy):

Address of final destination where medications were delivered:

E-mail address of physician named above:

Telephone number of physician named above:

Return saved form to:

spr@hpicanada.ca