



BHC'S CANVIEW PRODUCT RETURNS FORM

Dispensing pharmacy name:

Email address:

Phone number:

Order date:

Order number:

Product name:

Product expiry date:

Product batch number:

Order MB/MAP number:

Patient initials:

Product quantity:

Reason for return:

Return Address

BHC
PO Box 2277
Burleigh BC
QLD 4220