



Complete the following form to begin the registration process and one of our Provider Relations representatives will contact you for further instructions. *Please note the registration process will not begin until Express Scripts Canada receives this completed form.*

Pharmacy Information
Effective Date of the Pharmacy Opening: _____
Is this a change of Ownership? Yes No
If yes, please specify the previous provider number (If known): _____
Retail Operating Name: _____
Legal Business Name: _____
Chain/Banner: _____
Owner's Name: _____
Phone Number Prior to Opening: _____
Email Address Prior to Opening: _____
Pharmacy Address: _____
City/Province/Postal Code: _____

Please return the completed form by fax or mail to:

Fax:
1-855-622-0669

Mail:
Express Scripts Canada, Provider Relations
5770 Hurontario Street, 10th Floor
Mississauga, ON L5R 3G5

Confirmation of college accreditation and a completed agreement is required before a pharmacy will be activated on the ESC network.