



Pharmacy Registration Form

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
New Retail Operating Name:	_____ Parent Company: _____
New Legal Business Name:	_____
Chain/Banner:	_____
List of Current Owners, Shareholders & Directors:	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
Phone Number Prior to Opening:	_____
Email Address Prior to Opening:	_____
Usual & Customary Fee (U&C):	_____
Pharmacy Address:	_____
City/Province/Postal Code:	_____ / _____ / _____

Please return the completed form by mail or fax to:

Mail:

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

Fax:

1-855-622-0669

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