



# PHARMACY OFF HOURS CONTACT INFORMATION

**In the event you need to contact pharmacy in the evening, on weekends and statutory holidays for Tamiflu prophylaxis or treatment.**

Pharmacy: \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

## **Pharmacy Off Hours Contact Information**

Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Checked/Updated Dates:

Keep in the Outbreak Folder under the *LTC Home Info* tab.  
Update as needed.