



## Ontario Drug Benefit (ODB) Vacation Supply Request

Dear Pharmacy Staff,

Please accept this letter to verify that I, \_\_\_\_\_ will be travelling outside of

Ontario, and will be travelling to \_\_\_\_\_ *(Patient Name – Please Print)* from the dates listed below:

*(Province, Country – Please Print)*

From \_\_\_\_\_ to \_\_\_\_\_.  
*(Start Date) (End Date)*

Therefore, I am requesting a Vacation Supply of my medication(s) to cover the duration of my trip.

- 100 days – I have more than 30 days of medication currently on hand
- Other (\_ days) – I have less than 30 days of medication currently on hand; and more than 100 days is required to cover the duration of travel

*Below are my medications that are required for the duration of my trip*

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Please Note: If there are additional medications, then use the back of this form to list additional medications

Signature: \_\_\_\_\_  
*(Patient/Authorized Agent/Caregiver)*

Printed Name: \_\_\_\_\_  
*(Patient/Authorized Agent/Caregiver)*

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

### For Pharmacy Use Only

Eligibility criteria for Vacation Supply

- 100 Days – Recipient has more than a 30 day supply of the current prescription(s)
- Up to 200 Days – Recipient has less than a 30 day supply of the current prescription(s)

Other Eligibility (ALL of the below criteria must be met to qualify for Vacation Supply)

- Recipient is travelling outside of the Province of Ontario
- It has been more than 365 days since the last vacation supply paid (by ODB)

Please return completed form to Cosmo Pharmacy  
 Fax: 416-231-1913 or  
 Email: [cosmopharmacyteam@gmail.com](mailto:cosmopharmacyteam@gmail.com)

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