

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 from the dates listed below:

From _____ to _____.

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 (up to 200 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.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

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

Signature: _____

Date: _____

Printed Name: _____
Patient/Authorized Agent/Caregiver

Please return completed form to Palermo Pharmacy

Fax: 905-582-5547 or

Email: contact@palermopharmacy.ca

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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)