

Ontario Drug Benefit (ODB) Vacation Supply Request

Dear Pharmacy Staff,

Please accept this letter to verify that I, _____ will be travelling outside of
(Patient Name – Please Print)
Ontario, and will be travelling to _____ 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 Daily Dose Pharmacy:
Fax: **1-855-840-1874** or Email: **forms@dailydose.ca**