



PHARMACY  
ASSOCIATION  
OF SASKATCHEWAN

## PATIENTS' CHOICE AWARD NOMINATION FORM



The Pharmacy Association of Saskatchewan Patients' Choice Award gives the general public the opportunity to say **Thank You** and to publicly recognize the outstanding care they have received.

### Tell us why your pharmacist is outstanding!

Provide examples of exceptional patient care/customer service that you have experienced.  
*E.g. My pharmacist goes above and beyond for the older adults in the community. She does education sessions both in store and at other venues. She exudes a positive outlook and interest in the overall health and wellness of her customers with special concern for seniors. She seems to reach beyond her regular roles with dealing with customers.*

**Your pharmacist's name:** \_\_\_\_\_

**Where does your pharmacist work?** \_\_\_\_\_

**Your name:** \_\_\_\_\_

**Your phone# :** \_\_\_\_\_

**Your email:** \_\_\_\_\_

**Please submit your examples of your pharmacist's exceptional patient care along with this completed nomination form to:**

**By Mail :**

PAS  
700-4010 Pasqua St  
Regina SK S4B 7N9

**Online Form Submission:**

[skpharmacists.ca/patients/your-pharmacist/  
patients-choice-award](http://skpharmacists.ca/patients/your-pharmacist/patients-choice-award)