



**Alternative Format Request Form**



**Policy Statement:**

Pharmetics (2011) Inc. is committed to providing accessible information and communications to all of our customers. We recognize that people with disabilities often use methods other than standard print to access information.

It is Pharmetics (2011) Inc. policy to provide any correspondence and other documents in an alternative format upon reasonable request up to undue hardship.

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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Document(s) requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Format: \_\_\_\_\_

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

**For more information, please contact us at [aoda@pharmetics.com](mailto:aoda@pharmetics.com)**

**Telephone: 905-639-4933**

**Fax: 905-639-4945**