



SCHEDULE 24: ADDITIONAL FACILITIES ADDENDUM (TO ACCOMPANY SCHEDULE 21, 22 OR 23)

Name of Authorized Person

ADDITIONAL FACILITIES:

1 Facility Name Organization Number Pharmacy ID (if applicable) Full Address of Facility

2 Facility Name Organization Number Pharmacy ID (if applicable) Full Address of Facility

3 Facility Name Organization Number Pharmacy ID (if applicable) Full Address of Facility

4 Facility Name Organization Number Pharmacy ID (if applicable) Full Address of Facility

5 Facility Name Organization Number Pharmacy ID (if applicable) Full Address of Facility

6 Facility Name Organization Number Pharmacy ID (if applicable) Full Address of Facility

7 Facility Name Organization Number Pharmacy ID (if applicable) Full Address of Facility

8 Facility Name Organization Number Pharmacy ID (if applicable) Full Address of Facility

9 Facility Name Organization Number Pharmacy ID (if applicable) Full Address of Facility

10 Facility Name Organization Number Pharmacy ID (if applicable) Full Address of Facility