

## **HIGH TECH DRUGS ARRANGEMENTS**

## NOMINATION OF PHARMACY FOR HIGH TECH CLIENTS

## Part 1.

High Tech Patient Details:
Patient Name:
Patient Address:
Patient Contact Number: Patient Contact Number: Please include pre-fix)
Card Number: Please include correct patient code letter)
Patient's PPSN:
Current High Tech Medicine:
Please tick Scheme under which the patient is authorised to receive High Tech Medicines:
GMS:  DPS:  LTI:  HAA:  OTHER:
Patient Signature: Date:
Part 2.
Nominated Pharmacy Details:
Name of Pharmacy:
Address of Pharmacy:
Pharmacy Contract Number:
Effective Date of Nominated Pharmacy Status:

Your Nominated Pharmacy should forward a copy of your High Tech Prescription to their local High Tech Liaison Officer so that this process can be completed.