

HIGH TECH DRUGS ARRANGEMENTS

CHANGE OF NOMINATED PHARMACY FOR EXISTING HIGH TECH CLIENTS

Part 1.

High Tech Patient Details:
Patient Name:
Patient Address:
Patient Contact Number: 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:
Patient Signature: Date:
Part 2.
Current Nominated Pharmacy Details:
Name of Pharmacy:
Address of Pharmacy:
Pharmacy Contract Number:

Part 3.

Name of new Nominated Pharmacy Details:
Name of Pharmacy:
Address of Pharmacy:
Pharmacy Contract Number:
Month of change from old Pharmacy to new Pharmacy: