



HIGH TECH DRUGS ARRANGEMENTS

NOMINATION OF PHARMACY FOR HIGH TECH CLIENTS

High Tech Patient Details:

Patient Name: _____

Patient Address: _____

Please provide all card numbers.
(Please include patient code letter)

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Patient's PPSN:

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Please tick Scheme under which the patient is authorised to receive High Tech Medicines:

GMS: ☐ DPS: ☐ LTI: ☐ HAA: ☐ OTHER: ☐

Patient Signature: _____ Date: _____

***(Please note pharmacy signature is not acceptable)**

Your chosen community pharmacy should be the pharmacy from which you receive other medicines on a regular basis. It is important that your community pharmacist can monitor the full range of your prescribed medicines. The pharmacy that you choose is called your 'nominated pharmacy'. The High Tech Medicine will only be easily available to you through your nominated pharmacy and, as these medicines are usually very expensive, we ask for your cooperation in giving a minimum of three days advance notice to the pharmacy before you need your next supply. This will enable your pharmacy to order the medicine in time for you as they are not medicines that are routinely kept in stock.

Name of Nominated Pharmacy: _____

Address of Pharmacy: _____

Pharmacy GMS Contract Number:

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Effective Date of Nominated Pharmacy Status:

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Your Nominated Pharmacy should forward this form along with a copy of your High Tech Prescription to the High Tech Coordination Unit – email: pcrs.hitech@hse.ie