

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:

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Your new Nominated Pharmacy should send this form by email to PCRS.HiTech@hse.ie or faxed to 01 8914899 so that this process can be completed. Secure email should be used for any sensitive data and Healthmail offers such a solution to pharmacies. For more information visit www.healthmail.ie.