

Feidhmeannacht na Seirbhíse Sláinte Health Service Executive

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: (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.
Current Nominated Pharmacy Details:
Name of Pharmacy:
Address of Pharmacy:
Pharmacy Contract Number: (if available)

Part 3. Name of new Nominated Pharmacy Details: Name of Pharmacy: Address of Pharmacy:

Month of change from old Pharmacy to new Pharmacy:

Pharmacy Contract Number:

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.