

Section A should be completed by the patient/pharmacist/nursing home/hospital and signed by the patient/responsible officer. The pharmacist can assist with the providing the cost of replacement medication.
Section B should be completed by the Pharmacist who should send/fax the form with a copy of the prescription to the **High Tech Coordination Unit by email: PCRS.HiTech@HSE.ie** or Fax: 01-8914899

Replacement orders cannot be approved until this form is completed, returned and reviewed by the High Tech Support Team.

SECTION A:

HiTech Script Number:

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First Name:

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Surname:

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GMS/DPS/LTI no

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1. Details of Drugs:

Code	Qty	Drug	Pack Cost	Total Cost	VAT	Total incl VAT

2. Reason for application: To be completed by the patient/pharmacist/nursing home/hospital

- Incorrect storage Drugs lost Other (please specify)

Please give details of the circumstances leading to this request:.....

3. Declaration by applicant/responsible officer:

- Following consultation with the dispensing pharmacist I understand the conditions for safe storage and security of the drugs stated below.
- I agree that if this application is approved, any subsequent replacement supplies of the drugs stated below will not be funded by the HSE High Tech Scheme (note – cost quoted below is the cost to the HSE and does not include any pharmacy/dispensing fees).
- All High Tech drug orders are subject to Audit.

Signed: _____ Date: _____

**Nursing Home/Hospital
Stamp required if applicable**

SECTION B: To be completed by the Pharmacist – this is mandatory and will be returned to pharmacy if not complete:

PHARMACY STAMP

Pharmacist Name

Pharmacist Signature

Pharmacy GMS no

For HSE Office Use Only

Approved/Refused:Date:...../...../.....