



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 include Drug Name, Pharmaceutical Form, Strength and Unit of Measure)

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: _____

Pharmacy Contract Number:

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Month of change from old Pharmacy to new Pharmacy:

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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.