



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## HIGH TECH DRUGS ARRANGEMENTS

### NOMINATION OF PHARMACY FOR 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:

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#### Part 2.

##### Nominated Pharmacy Details:

Name of Pharmacy: \_\_\_\_\_

Address of Pharmacy: \_\_\_\_\_

Pharmacy Contract Number:

Effective Date of Nominated Pharmacy Status:

Your Nominated Pharmacy should send this form by email to [PCRS.HiTech@hse.ie](mailto: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](http://www.healthmail.ie).