BRITISH	Ministry of
COLUMBIA	Health

REQUEST TO INACTIVATE ADVERSE REACTION/CLINICAL CONDITION ON PHARMANET PROFILE

The request to inactivate text in the Adverse Reaction/Clinical Condition was initiated by:				
Patient	Patient's Representative (specify name and relationship to patient)			
Doctor				
Pharmacist				
	Other (specify)			
The identity of the request initiator was verified by:				
BC Services Card				
Driver's License	Other (specify)			

PATIENT INFORMATION

Patient Last Name	Patient First Name	Personal Health Number

PHARMACY INFORMATION

PharmaCare Code	Phone Number
Registration Number	
	PharmaCare Code Registration Number

PHARMANET PROFILE CHANGE

lext to be inactivated	
Justification for Inactivation	

PHARMACIST OR PHYSICIAN SIGNATURE

	Pharmacist or Physician Signature	Date Signed
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Fax this form to the PharmaNet Data Quality Services Team at 250 953-0486

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