



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
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PHARMACY INFORMATION

Pharmacy Name	PharmaCare Code	Phone Number
Pharmacist Name	Registration Number	

PHARMANET PROFILE CHANGE

Text to be Inactivated

Justification for Inactivation

PHARMACIST SIGNATURE

Pharmacist 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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