



If you received this fax in error, please write MISDIRECTED on the front and fax to 1-800-609-4884. Then destroy the pages.

**Prescribers can request a list of patients that they have prescribed Prolastin®-C to.**

A patient list will be sent to you by fax within weeks. The list will include the full names of patients who filled a prescription within the past 6 months for Prolastin®-C, where you are the prescriber listed.

**Fax completed requests to 1-800-609-4884**

**SECTION 1 – PRESCRIBER INFORMATION**

MUST BE FULLY COMPLETED

Prescriber Full Legal Name	CPSBC Licence Number (Not MSP Number)
Prescriber Mailing Address	
Prescriber Fax Number	Prescriber Phone Number

**SECTION 2 – INFORMATION REQUESTED**

Which best describes your practice?

Respirologist

Other: \_\_\_\_\_

**SECTION 3 – SPECIALIST SIGNATURE**

Personal information on this form is collected under the authority of, and in accordance with, the *British Columbia Pharmaceutical Services Act 22(1)* and *Freedom of Information and Protection of Privacy Act 26 (a),(c),(e)*. The information is being collected for the purposes of (a) administering the PharmaCare program, (b) analyzing, planning and evaluating the Special Authority and other Ministry programs and (c) to manage and plan for the health system generally. If you have any questions about the collection of this information, call Health Insurance BC from Vancouver at 1-604-683-7151 or from elsewhere in BC toll free at 1-800-663-7100 and ask to consult a pharmacist concerning the Special Authority process.

\_\_\_\_\_  
Prescriber's Signature (Mandatory)

\_\_\_\_\_  
Date of Signature

**PHARMACARE USE ONLY**

STATUS

**Fax completed requests to 1-800-609-4884**