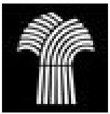
Saskatchewan



Saskatchewan Health

Drug Plan & Extended Benefits Branch

3475 Albert Street
Regina SK S4S 6X6

306-787-3420 Phone
306-798-1089 Fax

EXCEPTION DRUG STATUS REQUEST FORM

Date: ________ / ________ / ________
Day/Month/Year

PATIENT IDENTIFICATION

Name: ______________________________ **Health Services Number:** ______________

Address: ______________________________ **Date of Birth:** ________ / ________ / ________ *Day/Month/Year*

____

______________________________ **Sex:** ☐ Male ☐ Female

DRUG INFORMATION (See Appendix A for specific criteria)

Drug(s) Requested: ______________________________
(include name, dosage form, and strength)

Diagnosis (be specific): ______________________________
(must be obtained from physician or physician's agent only - cannot be obtained from the patient)
obtained by: ☐ Fax ☐ Phone ☐ Written on Rx

Alternative agents tried (be specific): ______________________________

Drug allergies (be specific): ______________________________

Drug intolerances (be specific): ______________________________

Other information relevant to this request: ______________________________

For Pharmacy Use Only

Pharmacist Name: ______________________________

Pharmacy Name: ______________________________

Pharmacy Phone Number: ______________________________

Pharmacy Fax Number: ______________________________

Prescribing Physician: ______________________________

Physician M.S.P. Number: ______________________________

Locum for Dr (if applicable): ______________________________

For Physician Use Only

Physician Name: ______________________________

Physician M.S.P. Number: ______________________________

Locum for Dr. (if applicable): ______________________________

Address: ______________________________

____

____

Phone Number: ______________________________

DRUG PLAN USE ONLY

Fax Back Information:

HIRF INFO:
☐ **30** ☐ **P1**
☐ **PC** ☐ **P2**
☐ **SB** ☐ **P3**

Drug Profile:
____
____
____
____

FAX REQUEST TO DRUG PLAN (306) 798-1089

15/01/2003