

Please complete all required sections to allow your request to be processed.

| PATIENT INFORMATION       |                                |         |             | COVERAGE TYPE  |
|---------------------------|--------------------------------|---------|-------------|--|
| PATIENT LAST NAME         | FIRST NAME                     | INITIAL |             | <input type="checkbox"/> Alberta Blue Cross<br><input type="checkbox"/> Alberta Human Services<br><input type="checkbox"/> Other |
| DATE OF BIRTH: YYYY/MM/DD | ALBERTA PERSONAL HEALTH NUMBER |         |             |  |
| STREET ADDRESS            | CITY                           | PROV    | POSTAL CODE | ID/CLIENT/COVERAGE NUMBER  |

| PRESCRIBER INFORMATION |            |         |   |
|------------------------|------------|---------|---|
| PRESCRIBER LAST NAME   | FIRST NAME | INITIAL | PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION  |
| STREET ADDRESS         |            |         | <input type="checkbox"/> CPSA <input type="checkbox"/> ACO      REGISTRATION NUMBER<br><input type="checkbox"/> CARNA <input type="checkbox"/> ADA+C<br><input type="checkbox"/> ACP <input type="checkbox"/> Other |
|                        |            |         | PHONE   |
| CITY, PROVINCE         |            |         | <b>FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED</b>  |
| POSTAL CODE            |            |         |   |

**NEW**    **RENEWAL DRUG REQUEST**   **Note: Request may or may not be approved by Alberta Blue Cross**

Drug(s), dosage(s) and duration requested

---

Diagnosis and/or indication which drug is being used to treat

---

Previous medications and patient response to therapy

---

Additional information relating to request

---

|                        |      |   |
|------------------------|------|---|
| PRESCRIBER'S SIGNATURE | DATE | Please forward this request to<br><b>Alberta Blue Cross, Clinical Drug Services</b><br>10009 108 Street NW, Edmonton, Alberta T5J 3C5<br><b>FAX: 780-498-8384</b> in Edmonton • <b>1-877-828-4106</b> toll free all other areas |
|------------------------|------|---|

**ONCE YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST**

