



ALBERTA GOVERNMENT SPONSORED DRUG BENEFIT PROGRAMS  
OPTIONAL SPECIAL AUTHORIZATION

**REGISTRATION FOR DESIGNATED PRESCRIBER STATUS**  
*for Alberta Drug Benefit List Claim Coverage*

**Select Quinolone Antibiotics**  
ciprofloxacin, levofloxacin, moxifloxacin

Please complete all sections of this form  
and return it by fax to Alberta Blue Cross

*Registrations will be accepted on an ongoing basis*

PRESCRIBER LAST NAME	FIRST NAME	INITIAL	OFFICE PHONE	FAX
OFFICE ADDRESS		CITY	PROVINCE	POSTAL CODE
COLLEGE OF PHYSICIANS AND SURGEONS REGISTRATION NUMBER OR PROFESSIONAL REGISTRATION NUMBER				
I have reviewed the criteria for coverage of select quinolone products and I agree to abide by and only prescribe in accordance with such criteria as updated from time to time in the Optional Special Authorization section of the <i>Alberta Drug Benefit List</i> .				
SIGNATURE OF PRESCRIBER (required) _____			DATE _____	
The information on this form is being collected and pursuant to sections 20, 21 and 22 of the Health Information Act, and sections 33 and 34 of the Freedom of Information and Protection of Privacy Act, for the purposes of determining or verifying eligibility to participate in a program or receive a benefit, product or health service. If you have any questions regarding the collection or use of this information, please contact an Alberta Blue Cross privacy matters representative toll-free at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009 - 108 Street, Edmonton AB T5J 3C5.				

**PLEASE RETURN YOUR COMPLETED REGISTRATION BY FAX TO 1-877-305-9911**

