



Tamiflu Copayment Reimbursement

Date: _____
yyyy/mmm/dd

Attn: Vaccine Officer
Saskatchewan Disease Control Laboratory
Ministry of Health
5 Research Drive
Regina, SK S4S 0A4
FAX: (306)798-0071

Pharmacy Details

Pharmacy Number:	_____
Pharmacy Name:	_____
Address:	_____ _____ _____
Pharmacy Manager:	_____

Special Care Home Approved for Tamiflu Use

Name of facility:	_____		
Unit:	_____		
Dates of Service From:	_____	To:	_____
Number of Claims:	_____		
Number of Patients:	_____		
Total Invoice Amount:	\$ _____		
Signature:	_____		

Office Use only: Approved _____ Date _____
Supplier #: _____ Site #: _____
Invoice #: _____