Saskatchewan

Government of Saskatchewan

Drug Plan & Extended Benefits Branch

3475 Albert Street
Regina SK S4S 6X6

306-787-8744 Phone
306-798-1089 Fax

EXCEPTION DRUG STATUS REQUEST FORM

Date: _____ / _____ / _____
Day/Month/Year

PATIENT IDENTIFICATION

Name: _____

Address: _____

_____

_____

Health Services Number: _____

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

27/10/2015