



COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA
REQUEST FOR PHARMANET CONNECTION BY HOSPITAL PHARMACY

ATTENTION: PHARMANET
Fax: (604) 733-2493 or 1-800-377-8129

Part A: Hospital Identification	Hospital Name: _____ Address: _____ _____ City/Province: _____ Postal Code: _____ Telephone: _____ Fax: _____ Pharmacy Manager: _____ Pharmacy Billing Number: _____
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Part B: Type of Connection Requested	<input type="checkbox"/> Inpatient (Read-only access to patient records with ability to update clinical information and adverse reactions) <input type="checkbox"/> Outpatient (PharmaCare adjudication of prescriptions and update of patient records) Please provide a description of the types of outpatient prescriptions you will be dispensing and transmitting to PharmaNet for adjudication: _____ _____ _____ <input type="checkbox"/> Inpatient/Outpatient (inpatient and outpatient dispensing using the same software)
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Hospital pharmacies submitting prescriptions for adjudication to PharmaNet must ensure that the appropriate insurer is billed for prescriptions covered by third-party payers (e.g. B.C. Cancer Agency, B.C. Transplant Society) other than PharmaCare.

_____	_____
Pharmacy Manager's Signature	Date

FOR OFFICE USE ONLY	
Type of Connection Approved:	
<input type="checkbox"/> Inpatient	(Security Group = IP)
<input type="checkbox"/> Outpatient	(Security Group = OP)
<input type="checkbox"/> Inpatient/Outpatient	(Security Group = IP and OP)
Approved By:	
_____	_____
College of Pharmacists of BC	Date