



Request for Prescription and Non-Prescription Drugs

The information you provide on this form is collected under the authority of the *Income and Employment Supports Act*, or the *Assured Income for the Severely Handicapped Act*, and is managed in accordance with the *Health Information Act* and the *Freedom of Information and Protection of Privacy Act*.

(to be completed by Health Professional)

Prescriber Information			
Name	Profession	Phone Number/Fax Number	
<input type="text"/>			
Patient Information			
Name	Date of Birth	Personal Health # (PHN)	Phone Number
If patient is a child, please provide name of parent/guardian			
Health challenges, medical condition being treated			
Drug/Prescription and Non-Prescription Request			
<small>(All Drugs and Nutritional Products requested must have a Drug Identification Number or Natural Product Number assigned to them by Health Canada.)</small>			
Drug requested (generic or brand name)	Strength/Dosage/Frequency	Duration of Prescription	
Has the patient already tried this drug? For how long? Describe the results.			
As the prescriber, are you able to access samples of this drug on behalf of your patient for a trail period (at least one month)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
As the physician, are you involved in formal drug trials with the manufacturer of this pharmaceutical? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Drugs or Therapeutic Approaches Tried to Date			
Description	Results		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Additional Information			
Other information which may be useful to the Health Benefits Exception Committee or the AISH Program in making their decision regarding funding for the requested drug (i.e. hospitalizations, health complications)			
Date (yyyy-mm-dd)		Prescriber's Signature	
<input type="text"/>		<input type="text"/>	