



Provincial Health Services Authority

Drug Registration Request

A BC Cancer ID is required to receive funding/reimbursement for all eligible cancer drugs on the BC Cancer Drug Benefit List. Complete all information on the patient requiring a drug registration and fax completed form to:

Drug Registrations – BC Cancer Fax: 604-708-2013 Phone: 604-877-6000 x 674610.

Turnaround Time = 72 hrs / Urgent = 24 hrs

Urgent *Specify:* _____

Today's Date: _____ (dd/mm/yy)

Surname: _____ First Name: _____

Birth Date: _____ (dd/mm/yy) PHN: _____ Gender: M F

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number(s): (home) _____ (other) _____

CANCER DIAGNOSIS: _____

I hereby confirm this diagnosis to be cancer: _____
Physician's Signature

Diagnosis may be subject to audit – DOCUMENTATION NO LONGER REQUIRED WITH THIS REQUEST FORM

REQUESTER: _____ **Fax #:** _____ **Phone #:** _____

(please provide alternate to send drug bc cancer Id # if different from the above requester)

To: _____ **Fax #:** _____ **Phone #:** _____

BC Cancer ID #: _____ *(for office use only)*

CONFIDENTIALITY NOTICE: This transmission contains confidential information intended for a specified individual and purpose. The information is private and protected by law. Any copying or disclosure of this transmission by anyone other than the intended recipient is strictly prohibited. If you are not the intended recipient, please immediately notify the Manager of the BC Cancer Registry at 604-675-4085. Thank You.