



SASKATCHEWAN PHARMACEUTICAL INFORMATION PROGRAM (PIP) REQUEST FOR MEDICATION PROFILE PRINT-OUT

I understand that the Pharmaceutical Information Program, also known as PIP, is a secure computer system that contains information about my prescribed and dispensed medications and that this system is used by authorized health care professionals to make decisions about health care treatments for me.

I, the undersigned, request that a copy of my medication profile stored in PIP for the preceding months, not exceeding 12 months, be mailed to me at the address noted below.

| | |
|-----------------------------------|---|
| _____ Signature of Applicant | _____ Signature of Agent if required |
| _____ Date Signed by Applicant | _____ Date Signed by Agent |

If you are signing as an agent for the applicant, please include evidence of your authority (ex. guardianship order, power of attorney, etc.).

| | |
|---|---|
| _____ Printed Name of Applicant | _____ Address of Applicant |
| _____ Health Services Number of Applicant | _____ City / Town Postal Code |
| _____ Date of Birth of Applicant | _____ Mailing Address if different |
| _____ Phone number of Applicant or Agent during business hours | _____ City / Town Postal Code |

Please forward this form to:
Saskatchewan Health
Drug Plan and Extended Benefits Branch
3475 Albert Street
Regina SK S4S 6X6
fax (306)787-8679

Original paper copies and legible fax copies will be accepted.

Your medication profile will be forwarded to you by ordinary mail in an envelope addressed to you stamped "PERSONAL & CONFIDENTIAL".

You may also obtain a copy of your medication profile from health professionals who have access to PIP.

Should you have questions about your medication profile on PIP, please contact your health professional or call Saskatchewan Health at 1-888-798-8083 or, if calling in Regina, 798-8083.