Health PEI
One Island Health System

Santé Î.-P.-É.
Un système de santé unique

Patient Information Modification Form

Personal information on this form is collected under the *Pharmaceutical Information Act* and Regulations. This information is required in order to process information modification in the PhIP. If you have questions in relation to this form please contact PEI Pharmacare at (902)368-6338.

Remove/Modify Information From the Following Patient's Profile:		
Surname:	First Name:	Initial:
Date of Birth (DD/MM/YYYY):		PHN:
Information to be Modified (if multiple, please use second page)		
Drug name, DIN, date of dispense:		
Reason for modification:		
Is this information to be moved to another patient?		________ Yes ________ No
If yes, please enter the correct patient's information:		
Surname:	First Name:	Initial:
Date of Birth (DD/MM/YYYY):		PHN:

Pharmacy Name:	Date:	Pharmacist Name (Please Print):
Pharmacy Address:	Pharmacy Tel:	Pharmacist Signature:

OFFICE USE ONLY	**OFFICE USE ONLY**
Date Modified:	**Modified by:**

SEND COMPLETED AND SIGNED MODIFICATION FORM TO:

Pharmaceutical Information Program
P.O. Box 2000 Charlottetown, PE C1A 7N8
Fax: (902) 368-4905

#2
Drug name, DIN, date of dispense:
Reason for modification:
#3
Drug name, DIN, date of dispense:
Reason for modification:
#4
Drug name, DIN, date of dispense:
Reason for modification:
#5
Drug name, DIN, date of dispense:
Reason for modification:
#6
Drug name, DIN, date of dispense:
Reason for modification:
#7
Drug name, DIN, date of dispense:
Reason for modification: