ST. PAUL'S HOSPITAL
PROVIDENCE HEALTH CARE

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Vancouver, BC Canada V6Z 1Y6
Tel 1-855-406-8539 (toll free) or 604-806-8539
Fax 604-806-8255

# Antiretroviral Medication Reorder Form

**Pharmacy: _____** **Date: _____**

**Address: _____** **Phone/Fax: _____**

*Please fax request 2 weeks before date required*

| **Patient Name** | **PHN or DOB** | **Date required** (dd/mmm/yyyy) | **Comments** (e.g. quantity adjustments) |
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