



**New Brunswick Prescription Drug Program (NBPDP)
SPECIAL AUTHORIZATION REQUEST FORM**

Please complete all required sections to allow your request to be processed without delay

Date: DD/MM/YYYY		
PATIENT INFORMATION		
Patient's Last Name:	First:	MI:
Medicare or NBPDP ID Number:	Date of Birth: DD/MM/YYYY	
Street address:		
P.O. Box:	City:	Postal Code:
DRUG REQUESTED		
Drug Name/Strength/Form:	Dosage Schedule:	Expected Duration of Therapy:
Diagnosis/Indication/Rationale for use:		
Relevant Previous Drug Therapies:		
Other Relevant Information:		
REQUESTOR INFORMATION		PLEASE RETURN FORM TO:
Requestor Address:	Requestor: License Number: (e.g. CPSNB, NANB, NBPhS, etc.) Fax Number:	NBPDP - Special Authorization Unit P.O. Box 690, 644 Main Street, Moncton, NB E1C 8M7 Inquiry Line: 1-800-332-3691 Local Fax: 506-867-4872 Toll Free Fax: 1-888-455-8322
<i>Requestor signature:</i>		

The information collected, used and disclosed by this request is collected, used and disclosed pursuant to section 4(4) and 4.1 of the New Brunswick Prescription Drug Payment Act. If you have any questions please contact 1-800-332-3691.