



## Home Birth Supplies Program -- Adding & Removing Care Provider

This form is completed by a HA designate and used to add and/or remove a care provider from a primary hospital site's cost centre number for the purposes of ordering from the Product Distribution Centre. Please complete in full and fax or email to PDC: Customer Service Fax: 604-927-2025 or PDCCustomerSer@gov.bc.ca

<b>Care Provider's Name</b> <small>(Please Print)</small>	
<b>PDC Customer #</b> <small>(if currently have one)</small>	

\_\_\_\_ (Please check) **REMOVED FROM:**

<b>Primary Hospital Site</b>		<b>HA:</b>
<b>Cost centre # - if known</b>		
<b>Health Authority Representative</b>	<b>NAME</b> <small>(Please Print)</small>	
	<b>EMAIL</b> <small>(to be used for confirmation)</small>	
	<b>SIGNATURE</b>	
The PDC will provide a report that lists all of the <u>Reusable Supplies</u> ordered by the above Care Provider to the Health Authority contact person as set out in Schedule C of the Access Agreement.		

\_\_\_\_ (Please check) **ADDED TO:**

<b>Primary Hospital Site</b>		<b>HA:</b>
<b>Cost centre # - if known</b>		
<b>Health Authority Representative</b>	<b>NAME</b> <small>(Please Print)</small>	
	<b>EMAIL</b> <small>(to be used for confirmation)</small>	
	<b>SIGNATURE</b>	

**If adding care provider, care provider MUST provide the information below:**

<b>Address for deliveries</b> <small>(PO Box not accepted)</small>		
<b>Phone number and alternate</b>		
<b>Email – REQUIRED</b> <small>(To be used by PDC for account set up)</small>		