

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

Care Provider's Name (Please Print)			
PDC Customer # (if currently have one)		Request Date:	

(Please check) **REMOVED FROM:**

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

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

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

Clinic name		
Hours of operation		
Address for deliveries (PO Box not accepted)		
Phone number and alternate		
Email – REQUIRED (To be used by PDC for account set up)		