

## 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 The care provider listed on this form is a prescribing authority for the prescription drugs listed on schedule D. The access information to the PDC on-line shopping cart should not be shared with third parties.

Care provider's name (please print)					
PDC customer #		Request date:			
(if currently have one)					

## (Please check) **REMOVED FROM:**

Primary hospital site			HA:
Cost centre # - if known			
	<b>NAME</b> (Ppease print)		
Health authority representative	<b>EMAIL</b> (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)	

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