



Pharmacy Branch Required User Information

Instructions: Complete all of the required information requested below. Submit the completed form to the authorized program staff member. New users will be notified by a Pharmacy Branch staff member with user name and password information.

New User

Update User

Delete User

Name:

Job Title:

Site Name:

Site Location Code(s):

Site Address:

City:

Zip Code:

Phone number:

Fax number:

Email address:

Programs: Select all programs for which you are authorized to order.

<input type="checkbox"/>	Condoms (Select HIV/STD Prevention locations only)
<input type="checkbox"/>	Hansen's Disease
<input type="checkbox"/>	Infectious Disease Control
<input type="checkbox"/>	Refugee Health Screening
<input type="checkbox"/>	STD Program
<input type="checkbox"/>	Syringes and Needles (Immunizations only)
<input type="checkbox"/>	Tuberculosis Elimination
<input type="checkbox"/>	Zoonosis Control (Rabies)
<input type="checkbox"/>	Other:

Regions: Does user need access to all Regions (1-11) or one or more Regions?

Note: This would give access to all sites within a specified Region.

For DSHS authorized program staff only.

This user is authorized to order prescription medications from the DSHS Pharmacy Branch.

Approved by: