



Texas Department of State Health Services



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:			
Location Code					
Site Name:					
Site Address:					
City:		Zip Code:		County:	
Phone Number:			Fax Number		
Email address:					

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

<input type="checkbox"/>	Hansen's Disease (HD)
<input type="checkbox"/>	Infectious Disease Control (IDC)
<input type="checkbox"/>	Sexually Transmitted Disease Program (STD)
<input type="checkbox"/>	Bacterial Vaginosis/ Trichomoniasis/ Herpes Simplex (STDT2)
<input type="checkbox"/>	Syringes and Needles (SYR) { immunizations only }
<input type="checkbox"/>	Tuberculosis Elimination Program (TB)
<input type="checkbox"/>	Tuberculosis Elimination Video DOT (TBVDOT)
<input type="checkbox"/>	Zoonosis Control (Rabies)
<input type="checkbox"/>	Other:

Regions: Does user need access to entire region or to multiple sites? If yes, list location codes for those sites.

***** For DSHS Central Office Staff Only *****

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

Approved by: