|  |  |  |  |
| --- | --- | --- | --- |
| **2. Current dispensing software used by the pharmacy** | | | |
| Has the dispensing software provider been contacted to arrange transmission of S8 data to the Department via NDE? | | | |
|  |  |  |  |
| Yes | No |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Pharmacist details: -** *Pharmacist with overall responsibility (as recorded with the Pharmacy Registration Board of WA)* | | | | | | | | |
| Title: |  | First Name: |  | | | Surname: |  |  |
| Pharmacy: |  | | | PBS approval number: | | |  |  |
| Email: |  | | | | Telephone: | |  |  |
| Address: |  | | | | Fax: | |  |  |
| Suburb: |  | | | | Postcode: | |  |  |

|  |  |  |
| --- | --- | --- |
| **3. Proposed length of time required to continue providing data in unapproved format?** | | |
|  |  |  |
|  |  |  |
|  |  |  |

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| --- | --- | --- | --- | --- |
| **4. Signed by** | | | | |
| Name: | |  | |  |
| Signature: | |  | |  |
| Date: |  | |  |  |
|  |  | |  | |