



**High Tech Arrangement
Application for Replacement Medicines (V.4)**

Section A should be completed by the patient/pharmacist/nursing home/hospital and signed by the patient/responsible person. The pharmacist can assist with providing details of the drug cost information required below. **Section B** should be completed by the pharmacist who can submit the completed form along with a copy of **High Tech Prescription** to the **High Tech Unit** by email: PCRS.HiTech@HSE.ie

***Replacement orders cannot be approved until this form is fully completed, returned and reviewed by the High Tech Support Team**

SECTION A:

Prescription Serial Number: [Grid of 12 empty boxes]

First Name: [Grid of 12 empty boxes]

Surname: [Grid of 12 empty boxes]

GMS/DPS/LTI no [Grid of 12 empty boxes]

1. Details of Drugs (Please note: These details are the drug details as per original order):

Drug Code	Drug	Qty	Cost per Pack	Total Cost	VAT	Total incl VAT

2. Reason for application: *To be completed by the patient/pharmacist/nursing home/hospital*

- Incorrect storage
- Drugs lost
- Other (please specify)

Please give details of the circumstances leading to this request:.....

.....

.....

3. Declaration by applicant/responsible person:

- Following consultation with the dispensing pharmacist I understand the conditions for safe storage and security of the drugs supplied under the High Tech Arrangements stated below.
- I agree that if this application is approved, any subsequent replacement supplies of the drugs stated below may not be supported under the HSE High Tech Arrangements (note – cost quoted is the cost to the HSE and does not include any pharmacy/dispensing fees).
- All High Tech drug orders are subject to audit/review.

Signed: _____ Date: _____

**Nursing Home/Hospital
Stamp required if applicable**

SECTION B: *To be completed by the Pharmacist – this is mandatory and will be returned to pharmacy if not completed in full:*

Pharmacist Name	Pharmacist Signature
PSI Pharmacist No:	Pharmacy GMS no

For HSE Office Use Only

Approved/Refused: Date:...../...../.....