



Pharmacy Contact Information Change Request Form

The purpose of this form is to identify changes to your pharmacy demographic information. This information will be used to update your pharmacy profile information with the Drug Information System.

Fax or email the completed form to: **902-407-3020** / dis.support@nshealth.ca

***Required Fields. All other field(s) are to be completed ONLY if applicable.**

*Company Name	
*Pharmacy Name & Store Number	
*Pharmacy License Number	
*Form Completed By	

Change in Pharmacy Contact Details

Pharmacy Email Address	
Pharmacy Telephone Number(s) + extension(s)	
Pharmacy Fax Number	
Pharmacy Civic Address	
Pharmacy Mailing Address	
Effective Date	

Change in Pharmacy Manager

Pharmacy Manager	
Pharmacy Manager Email Address	
Effective Date	

Change in Pharmacy Static IP Address

Static IP Address	
Effective Date	

Change in Pharmacy Ownership

New Pharmacy Owner	
Effective Date	
NSCP Pharmacy Inspection Date	
Previous Pharmacy License Number	

Change in Hours

Pharmacy Hours (including holiday hours)	
Effective Date	

Change in Pharmacy Software Vendor

New Pharmacy Software Vendor	
Effective Date	

Pharmacy Closure/Rx Transfer

Pharmacy Closure Effective Date	
Rx Transfer To Date	
Rx Transfer To Pharmacy Location	
Rx Transfer To Pharmacy License Number	