Thalidomide BMS® (thalidomide) Community Pharmacy Dispensing Notification Form

1. To the prescriber

This is a notification form to advise the nominated community pharmacy that they will soon be receiving a High Tech Prescription for thalidomide for your patient. This will enable the community pharmacy to register with Bristol-Myers Squibb (BMS) and subsequently be able to order and dispense thalidomide for your patient.

Please complete the prescriber section below upon the first occasion that the patient is being prescribed thalidomide and email or fax to the **Nominated Community Pharmacy** on the details below.

Prescriber Details (Please print)	
Date of Prescription:	Patient Identifier:
Full Name of Prescriber:	
Hospital Name and Address: (Please print) _____ _____ _____ _____	Hospital stamp
Contact Phone Number:	

Email or Fax to Nominated Pharmacy
Email:
Fax Number:
Nominated Pharmacy Name and Address: (Please print) _____ _____ _____ _____
Date:

2. To the Nominated Community Pharmacy

The prescriber named above has prescribed thalidomide for their patient. The patient has nominated your pharmacy to dispense the prescription.

Pharmacies dispensing Thalidomide BMS® must be registered with BMS.
If you are not already registered, please contact BMS on 1800 992 427 and they will forward you the relevant information.

Once you are registered, you will be able to order Thalidomide BMS® from UDD using the Thalidomide BMS® Order Forms available inside the Healthcare Professionals' Information Pack which you will receive from BMS Risk Management.

If you have any questions regarding this form or require further information about thalidomide please contact BMS Risk Management on 1800 992 427.

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