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| **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 [ ]  |  |  |
|  |  |  |  |

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| 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: |       |  |

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| **3. Proposed length of time required to continue providing data in unapproved format?** |
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| **4. Signed by** |
| Name: |       |  |
| Signature: |       |  |
| Date: |       |  |  |
|  |  |  |