



IMPORTANT: Only Ministry-accredited Diabetes Education Centres or those operated by a British Columbia health authority can use this form and request PharmaCare coverage of blood glucose test strips for patients.

This form MUST be faxed to PharmaCare the same day it is filled out.

This facsimile contains confidential information intended only for PharmaCare. Any other distribution, copying or disclosure is strictly prohibited. If you have received this fax in error, please write "MIS-DIRECTED" across the front of the form and fax to 250 405-3587, then destroy the pages received in error.

Date (YYYY / MM / DD)

Number of pages including cover page

Note: All fields are mandatory.

TO: PharmaCare | FAX Number 250 405-3587 | Subject Confirmation of Training in Blood Glucose Monitoring

FROM: Diabetes Education Centre (DEC) Name, PharmaCare DEC Code, Contact Phone, FAX Number, Address, Health Authority, DEC Representative Name, DEC Representative Signature

Table with 3 columns: Client Name (as appears on BC Services Card or CareCard), Personal Health Number, Duration of Coverage (indefinite or until YYYY/MM/DD)