



INSURED HEALTH SERVICES  
**PATIENT LIST REQUEST**

Prescribers can use this form to request a list of their patients from the last 12 months who are enrolled in the Pharmacare or Chronic Disease and Disability Benefits programs and may need to switch to a biosimilar version of their medication.

Prescriber information			
First name		Last name	
Clinic address			
License or registration number	Telephone number	Fax number	
Prescriber signature			Date YYYY/MM/DD

Send the completed form by fax to the Pharmacare or Chronic Disease and Disability Benefits programs at 867-393-6486. The patient list will be sent by fax to the number you list on this form.

For information on the biosimilars initiative, visit [yukon.ca/supporting-your-patients-switching-biosimilar](http://yukon.ca/supporting-your-patients-switching-biosimilar).

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