



Fax Request for Client Immunization History-Fax Transmission Form for Pharmacists

To request an immunization history for a client, pharmacists are to complete the form below. Any missing information may delay the completion of the request. **Fax requests will be returned to the requesting pharmacy within 3 to 5 business days of receipt.**

If requests are required sooner pharmacies are encouraged to seek access to eChart within their pharmacy. Please visit www.echartmanitoba.ca/hcpBenefits.html for more information on applying. **Phone requests for immunization records will not be accepted.**

Fax request to: 204-948-2190

Date of Request: _____

Pharmacy Information:

Pharmacy:	Pharmacist Name:
Pharmacy Address:	Pharmacist License #:
	Provider # (P #):
Pharmacy Phone #:	Pharmacy Fax#

Client Information:

Client Given Name:	Client Surname:
Client Address:	Date of Birth (mm/dd/yyyy):
Client PHIN:	Client Family Registration #:

Date Immunization History is Required: _____

Message/Comments:

Confidentiality Caution: The immunization history provided is based on the request made from the above pharmacy for the identified client. This information is intended for the use of the individual or entity who requested the information and contains information that is privileged and confidential. If this request was made in error or the reader is not the intended recipient, please destroy the documentation. If you received this communication in error, please notify us immediately by telephone at 204-788-6737.