



Pharmacy Branch Required Location Information

Instructions: Complete all of the required information requested below. Submit the completed form to the authorized program staff member. New locations will be notified by a Pharmacy Branch staff member with their location code.

New Location

Update Location

Delete Location

Location Code:

Name of Facility:

Physical Address:

City:

Zip Code:

County:

Mailing Address:

City:

Zip Code:

Contact Name:

Phone Number:

Email Address:

Contact Title:

Fax Number:

Type of Facility: Select the best fit.

<input type="checkbox"/>	Administrative Office	<input type="checkbox"/>	Juvenile Detention Center
<input type="checkbox"/>	Clinic	<input type="checkbox"/>	Local Health Department
<input type="checkbox"/>	Correctional Facility	<input type="checkbox"/>	LHD Sub Office
<input type="checkbox"/>	DSHS Central Office	<input type="checkbox"/>	Other:
<input type="checkbox"/>	DSHS Clinic	<input type="checkbox"/>	Pharmacy
<input type="checkbox"/>	Family Planning Clinic	<input type="checkbox"/>	Physician's Office
<input type="checkbox"/>	Health Center	<input type="checkbox"/>	Rabies Depot
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Specialty Clinic
<input type="checkbox"/>	Health Service Region (HSR)	<input type="checkbox"/>	University or College
<input type="checkbox"/>	HSR Sub Office	<input type="checkbox"/>	

Programs: Select all that apply.

<input type="checkbox"/>	Condoms (Select HIV/STD Prevention Location)
<input type="checkbox"/>	Hansen's Disease
<input type="checkbox"/>	Infectious Disease Control
<input type="checkbox"/>	Refugee Health Screening
<input type="checkbox"/>	STD Program
<input type="checkbox"/>	Syringes and Needles (Immunizations Only)
<input type="checkbox"/>	Tuberculosis Elimination
<input type="checkbox"/>	Zoonosis Control (Rabies)
<input type="checkbox"/>	Other:

Ability to receive pallets?

Yes

No

Note: Indicate your authority to order and hold prescription medications and supplies.

Regional Medical Director's Name:

Physician's Name:

License Number:

Other: