



PHARMACY REGULATION AUTHORITY SA

ABN 966 245 660 34

General Manager

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Health Practitioner Regulation National Law (South Australia) Act 2010

REQUEST FOR REGISTER INFORMATION

I of
(full name)

.....
.....
(business name (if applicable), address and telephone number)

request a copy of the following register as provided under the *Health Practitioner Regulation National Law (South Australia) Act 2010*:

- Pharmacies
- Pharmacy Depots
- Pharmacy services providers information – corporate and/or trustee

This information is provided as an Excel document. Please indicate your preferred method:

- Email Address:.....
- Postal Address:.....

PAYMENT METHOD

Please complete this form and return with payment of:

\$200.00 per copy of register

Cheque Money order Cash Visa Mastercard Bankcard

Card number _____ Exp ____ / ____ Amount \$ _____

Cardholder name _____ Signature _____