Manitoba
Health, Healthy Living and Seniors

Pharmacist Immunization Inputting Form for Patients without a Valid PHIN

Use this form to record the immunizations given at your pharmacy to patients without a valid personal health identification number (PHIN) only. Please include the client's place of residence and their Provincial health card number, if from Canada. Please fax this form to Manitoba Health, on or before the 5th day of the month after each quarter (April, July, October, January) to ensure prompt compensation. Computer generated inputting forms will be accepted as long as all of the information requested on this form is included.

Please record all other immunizations given at your pharmacy to the Drug Programs Information Network (DPIN), submitted for Drug Utilization Review (DUR) under a patient's valid Personal Health Identification Number (PHIN).

Administering Pharmacy Contact Information

Pharmacy Name:		Provider Number: P __ __ __
Address:	City / Town:	Postal Code:
Certified Pharmacist Name:		Registration Number:
Telephone: (__ __ __) __ __ __ - __ __ __ __	Fax: (__ __ __) __ __ __ - __ __ __ __	

Client Name and Date of Birth	Place of Residence/ Provincial Health Card Number	Vaccine	Tariff	Date Given	FOR BRANCH USE
Y Y Y Y / M M / D D			_ _ _ _	Y Y Y Y / M M / D D	Entered ☐ Funding ☐
Y Y Y Y / M M / D D			_ _ _ _	Y Y Y Y / M M / D D	Entered ☐ Funding ☐
Y Y Y Y / M M / D D			_ _ _ _	Y Y Y Y / M M / D D	Entered ☐ Funding ☐
Y Y Y Y / M M / D D			_ _ _ _	Y Y Y Y / M M / D D	Entered ☐ Funding ☐
Y Y Y Y / M M / D D			_ _ _ _	Y Y Y Y / M M / D D	Entered ☐ Funding ☐
Y Y Y Y / M M / D D			_ _ _ _	Y Y Y Y / M M / D D	Entered ☐ Funding ☐
Y Y Y Y / M M / D D			_ _ _ _	Y Y Y Y / M M / D D	Entered ☐ Funding ☐
Y Y Y Y / M M / D D			_ _ _ _	Y Y Y Y / M M / D D	Entered ☐ Funding ☐
Y Y Y Y / M M / D D			_ _ _ _	Y Y Y Y / M M / D D	Entered ☐ Funding ☐
Y Y Y Y / M M / D D			_ _ _ _	Y Y Y Y / M M / D D	Entered ☐ Funding ☐

Submit to Manitoba Health Secure Fax: 204-948-2190