

DISPATCH INSTRUCTIONS

Please complete this form and return to:	The GIST Coordinator PHARMAC PO Box 10-254 Wellington	Phone: 0800 023 588 Facsimile: 04 974 7815
		Email: cmlgistcoordinator@pharmac.govt.nz

Patient details	
Title:	Mr Mrs Miss Ms Dr
Surname:	
First names:	
Address:	
D.O.B:	
NHI No:	

DELIVERY ADDRESS Please send **imatinib mesilate (Glivec)** supply to:

Address 1	If undeliverable at Address 1, please deliver to the alternative address below:
Patient General Practitioner Other	Patient General Practitioner Other
Name:	Name:
Address:	Address:
Phone No:	Phone No: