



Spokane Pharmacy Association

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P.O. Box 2591, Spokane, WA 99220 – www.spokanepharmacy.org

Request for Drug Alert FAX Form

(1) Complete the information below

Date	
Requestor Name	
Profession	<input type="checkbox"/> MD/DO <input type="checkbox"/> DDS <input type="checkbox"/> ARNP <input type="checkbox"/> RN <input type="checkbox"/> PA-C <input type="checkbox"/> PharmD/RPh <input type="checkbox"/> Other ()
Clinic, Institution, or Pharmacy Name	
Voice Phone	
FAX Phone	
E-mail	

(2) Please indicate how we should provide the form to you: E-mail FAX

(3) Either click on the PRINT FORM button below and FAX it to **509-413-1219**, or click on the SUBMIT FORM button at the top right of the screen to send it electronically. An SPA Drug Alert fax form will be faxed or e-mailed to you as soon as possible.

If you have difficulty, or questions about the SPA Drug Alert FAX Program, please leave a VOICE message at **509-723-1504** or e-mail board@spokanepharmacy.org.