

CSAN® FORM (Check appropriate procedure below)

□ Enrollment (please complete Sections 1-4)
 □ Modification (please complete and sign as applicable)
 □ Discontinuation (please complete Sections 1 & 5)

CSAN® FAX: 1-800-465-1312 CSAN® TEL.: 1-800-267-2726

BC ONLY, FAX TO: 1-604-689-1262

SECTION 1. Patient Information				1 1	¬
New start ☐ Restart ☐ Indicate previous CSAN® number:					On clozapine since:
Delicante Talifala		1			Frequency: 7 🗌 14 🗎 28 🗍
Patient's Initials: First name or initial Last name	ame or initial				
Date of Birth:	anno or miliar			Sex: ∐	M F Status: Inpatient Outpatient
YY MM DD	Provincial HC# /	File#			
Race: 🗌 Black 🔲 Caucasian 🔲 Asian 🔲 Other (specify):				Copay #	
SECTION 2. Institution					
Institution:		Affiliate	d:		
Address: City: _			Prov.:	Post	al Code:
Tel.: Ext.: _				Fax:	
Local Case Coordinator					
				_	
			Ext.:	Fax:	
Email:					
SECTION 3. To be completed and signed by Chief Pharmacist of	-				
Pharmacist:		Pharma	cist License	No.:	
Pharmacy Name:	<u></u>	Address	s:		
City:		Prov.: _			Postal Code:
Tel.:		Ext.: _			Fax:
Email:					
I agree to dispense CLOZARIL® on a weekly, every-two-week or every-t	four-week basis up	on confirma	ation of a b	lood test for the	e current period.
, , , , , , , , , , , , , , , , , , , ,	Date:	1 1	1 1	1 1 1	·
Pharmacist Signature			2424		
SECTION 4. To be completed and signed by Treating Physician or Authorized Nurse Practitioner [†]					
SECTION 4. To be completed and signed by Treating Physician	or Authorized N	YY lurse Pract	MM titioner [†]	DD	
		lurse Pract	titioner [†]		for this nationt (identified above) as
I, the treating physician or authorized nurse practitioner, will ensure the required by the CLOZARIL® Product Monograph is performed at the spe	at blood testing (wecified frequency. I	lurse Pract	titioner [†] ell count ar I that no ph	nd differential) flarmacy will dis	pense any other brand of clozapine to my
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 $\ensuremath{^\dagger}$ In selected provinces. According to the College of Nurses guidelines/regulations for applicable province.

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