

Section A – Applicant Authorization

By signing this form, I am designating the person named below to act as my representative in submitting my request to the Health Services Review Committee. I am also authorizing the release and/or sharing of my personal health information concerning my review to my named representative.

Applicant's Name

Applicant's Signature

Date (yyyy/mm/dd)

*Note: This form must be signed by the person who is requesting the review (referred to as the applicant)

Section B – Representative Information

Note: It is the applicant's responsibility to ensure all requested and relevant information is submitted to the Health Services Review Committee.

Last Name (in full)		First Name (in full)		Middle Name (in full)	
Address		City		Province / Territory	Postal Code
Home Phone	Business / Daytime Phone		Relationship to Applicant		

Section C - Submissions

Please mail this completed form along with the *Health Services Review Committee Request for Review Application* to:

Health Services Review Committee
 TC Douglas Building
 3475 Albert Street
 REGINA SK S4S 6X6
 Fax: (306) 787-3761
 Email: HealthServices.ReviewCommittee@health.gov.sk.ca

If you require further information, please visit www.saskatchewan.ca > Residents and Visitors > Health > Prescription Drug Plans and Health Coverage > Health Coverage Outside of Saskatchewan and Canada. You may also contact the Health Services Review Committee at the above address or telephone (306) 787-1910.