

Request for Information: Anti-obesity Drugs

To ensure that anti-obesity drugs are being used as approved by Health Canada, please have your physician complete the following questions and return this form to your Health and Dental Claim Centre. Please contact your plan administrator for the correct address.

Please Print Clearly

Plan Member Information

Member's Name: _____ Member's ID Number: _____

Employer: _____ Plan Number: _____

Patient Information (to be completed by physician)

Patient's Name: _____ Relationship to Plan Member: _____

What are the patient's current weight and height? _____

Has the patient been diagnosed with any specific illness(es) that are adversely affected by unhealthy body weight? ☐ Yes ☐ No

If yes, please list these conditions: _____

Drug Prescribed: _____ Drug Identification Number (DIN): _____

Physician Information

Physician's Name: _____

Signature: _____

Address: _____

Telephone Number: _____

We will review your request as soon as we receive this information. The plan does not cover any fees that may be charged by your physician for providing this information.