



AA-Clozapine Patient Care Network

WEBSITE USER REQUEST FORM

17-AA004_AAC0310E1

AA-CLOZAPINE PATIENT CARE NETWORK

Please complete and fax to:

Phone: **1-877-276-2569**

1-866-836-6778

Website: www.aaspire.ca

MANDATORY – MUST BE COMPLETED

CUSTOMER:

Name: _____ Date Requested: _____
 Acct. #: _____ AA Pharma Rep: _____

REQUEST FOR (MASTER USER):

New User Change Existing User Terminate Access **ACCESS:** View Only Write

First: _____ Fax: _____
 Last: _____ Signature: _____
 Email: _____

Signature denotes responsibility for all actions undertaken by all users of this Maser User using the AA-Clozapine Patient Care Network site

REQUEST FOR:

New User Change Existing User Terminate Access **ACCESS:** View Only Write

First: _____ Email: _____
 Last: _____ Fax: _____

REQUEST FOR:

New User Change Existing User Terminate Access **ACCESS:** View Only Write

First: _____ Email: _____
 Last: _____ Fax: _____

REQUEST FOR:

New User Change Existing User Terminate Access **ACCESS:** View Only Write

First: _____ Email: _____
 Last: _____ Fax: _____

COMMENT SECTION

AA Pharma, and its affiliates, are committed to protecting the privacy of personal information. Personal Information collected on this form will only be used for the assignment of a user account for the AA-Clozapine Patient Care Network. This information will only be shared between AA Pharma and its affiliates for assisting with the AA-Clozapine Patient Care Network. You may review our privacy policy at www.aaspire.com.

