

Apo-Clozapine Risk Management Program

WEBSITE USER REQUEST FORM

APO-CLOZAPINE RISK MANAGEMENT PROGRAM

Phone: **1-877-276-2569**
Website: www.apoclozapine.com

Please complete and fax to:

1-866-836-6778

MANDATORY - MUST BE COMPLETED

CUSTOMER:

Name: _____

Date Requested: _____

Acct. #: _____

Apotex Rep: _____

REQUEST FOR (MASTER USER):

New User Change Existing User Terminate Access

ACCESS:

View Only Write

First: _____

Fax: _____

Last: _____

Signature _____

E-mail: _____

Signature denotes responsibility for all actions undertaken by all users of this Master User using the Apo-Clozapine Risk Management Program site

REQUEST FOR:

New User Change Existing User Terminate Access

ACCESS:

View Only Write

First: _____

E-mail: _____

Last: _____

Fax: _____

REQUEST FOR:

New User Change Existing User Terminate Access

ACCESS:

View Only Write

First: _____

E-mail: _____

Last: _____

Fax: _____

REQUEST FOR:

New User Change Existing User Terminate Access

ACCESS:

View Only Write

First: _____

E-mail: _____

Last: _____

Fax: _____

COMMENT SECTION _____
