Nisga'a Valley Health Authority

Purchase Order Request for Prescription Drugs/ Baby's First Fill

Direct Line : 250-633-5030
Fax : 250-633-2160
Email : ashley.green@nisgaahealth.bc.ca
CC: nhbreception@nisgaahealth.bc.ca

Date Sent : _____
Provider Name: _____
Address : _____
_____
_____
Phone Number : _____
Fax Number: _____

OFFICE USE ONLY
NVHA-NHB ACCOUNT CODE
FOR BABY'S FIRST FILL
5070-02-60-63-651
AMOUNT $
APPROVED BY:
DATE:
PO #

Last Name: _____ First Name: _____
Date of Birth: _____ PHN : _____
Mothers Last Name: _____ First Name: _____
Mothers PHN : _____ MotherCL# 11 051364 67
Current Address: _____
Phone # : _____ Cell # : _____

Attach a Copy of Receipt and RX

TO SUBMIT FOR PAYMENT: SEND A COPY OF THIS PO AND ORIGINAL RECEIPT TO
Nisga'a Valley Health Authority- PO BOX 234 New Aiyansh BC V0J 1A0 **OR**
Email: accountspayable@nisgaahealth.bc.ca
CC : ashley.green@nisgaahealth.bc.ca