



Registration Form

Legal Name as it appears on your BC Services Card or CareCard:

Quill, Peter Jason

Preferred Name (optional): Star-Lord

Date of Birth: MM/DD/YYYY

Personal Health Number (PHN), listed on your CareCard or the back of your

BC Services Card: 9020512706

Email:

Phone:

Postal Code:

Sex as listed on your BC Services Card: M, F or X

Gender information and preferred pronoun (optional):

Family Doctor (if applicable):



After appointments, any prescriptions and lab requisitions are faxed to your pharmacy and laboratory of choice. Directory lists of pharmacies and laboratories are linked for your reference.

1. Pharmacy (required for prescriptions)

Directory: <https://bcpharmacists.org/list-community-pharmacies>

Name:

Phone:

Fax:

2. Laboratory (required for blood and urine testing)

LifeLabs Locations: <https://ubiquityhealth.ca/lifelabs.pdf>

Lower Mainland Laboratories: <http://lmlabs.phsa.ca/find-a-lab>

For other labs: <https://ubiquityhealth.ca/labs.html>

Name:

Phone:

Fax: