ND RYAN WHITE PROGRAM PART B REQUEST FOR BRAND NAME MEDICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 59335 (11-13)

Client's Name	ND Ryan White Program Part B Identification Number
Date Application Completed	

Instructions

- A detailed explanation must be written by the health care provider stating why the client is in need of the brand name and not the generic drug on the ND Ryan White Part B Drug Formulary.
- Obtain signatures from your health care provider and case manager.

Prescription Requested

Explanation for Prescription (to be completed by health care provider)

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Signatures

Health Care Provider	Date
Client	Date
Case Manager	Date