|  |  |  |
| --- | --- | --- |
| **Coordonnées du Centre de Ressources et de Compétence des**  **Maladies Hémorragiques Constitutionnelles (CRC-MHC)** | | |
| Nom du médecin en charge du patient : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_  Adresse postale : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Téléphone contour (*heures ouvrables*) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_Adresse de courrier contour \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ | | |
| *Nom/ prénom**de la personne qui demande les codes de connexion* | Téléphone contour | Adresse de courrier contour |
|  |  | \_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_.fr |
| **Coordonnées du Pharmacien d’officine** | | |
| Adresse postale : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_  Téléphone contour \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ Adresse de courrier contour\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_  *Nom du pharmacien référent* : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_Téléphone contour \_ \_ \_ \_ \_ \_ \_ \_ \_Adresse de courrier contour\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_  ***Numéro RPPS du pharmacien référent*** : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | |
| **Accès à la Formation** | | |
| Se connecter sur : <https://hemoweb.fr/hemophar>  Votre Identifiant :  (Prénom [espace] Nom) *avec une majuscule à chacun et sans les accents* : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Votre Mot de passe : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | |
| **Réalisation de la formation** | | |
| Date d ’envoi des codes de connexion  : I\_\_I\_\_I/I\_\_I\_\_I/I\_\_I\_\_I | | |