

**MTF e-Pharmacy Demographic Change Request Form
DHA Pharmacy Operations Division (POD) – South
Pharmacy Analytics Support Section (PASS)**

For assistance completing this form or any other related information, e-mail the DHA PASS general mailbox dha.jbsa.pharmacy.mbx.pass@mail.mil or call the DHA PASS at 1-866-275-4732 / (210) 536-6650, press option 1.

Individual Requesting Demographic Correction/Change

Name, Rank/Title	
Email Address	
Phone Number	
MTF Site e-Pharmacy	
Signature	

Demographic Information Correction/Change Request

Request Date	
Reason for Change Request And Change Description	

*Normal turnaround: 2-3 business days