

Prescription Transfer Form

To transfer existing prescriptions from another pharmacy, please fill out the following form and return it to Medical Pavilion Pharmacy. **Please attach a copy of your prescription insurance card and drivers license.**

Last name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone# _____ Date of Birth _____

Allergies _____

Prescription names (including Rx numbers if can)

Current pharmacy name/location _____ Phone # _____

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