

Prescription Transfer-In Form

You may either fax the form in or bring the form to the pharmacy located on the first floor of the Student Health Center. You should not email this form. Confidentiality of e-mail communications cannot be guaranteed. Please allow 24 hours for the processing of transfers. (Incoming freshmen can transfer starting August 15.)

Student Name:	Date of Birth:
TX State ID #:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Telephone Number:	

Transfer From:

Pharmacy Name:	Telephone Number:
Pharmacy Address (if known):	
Prescription (Rx #):	Medication Name:
Prescription (Rx #):	Medication Name:
Prescription (Rx #):	Medication Name:

Required Information (please list):

Drug Allergies	Medical Conditions	Current Medications

Insurance Information:

Insurance Company:	
Rx BIN #:	Rx PCN:
Rx Group:	ID #:

Student Signature: _____ Date: _____