

UNIVERSITY of HOUSTON

CAMPUS PHARMACY

PRESCRIPTION TRANSFER FORM

To transfer prescriptions from an outside pharmacy to the **Campus Pharmacy**, please complete this form and return it to the pharmacy in person or by fax: **713-743-3971**. Please allow 24 hours for your prescription to be transferred. *Contact us for more information 713-743-5125*

Patient Information

Full Name: _____

Date of Birth: _____ (MM/DD/YYYY) Student ID (PS) #: _____

Phone Number: _____

Outside Pharmacy Transferring Prescription From

Name of Pharmacy: _____

Address: _____

Phone Number: _____ Fax Number: _____

Prescriptions Transferring to Health Center Pharmacy List all of the medications you would like transferred.

Prescription 1

Rx Number: _____

Drug Name: _____

Estimated Date to Fill: _____ (month/day)

Prescription 2

Rx Number: _____

Drug Name: _____

Estimated Date to Fill: _____ (month/day)

Prescription 3

Rx Number: _____

Drug Name: _____

Estimated Date to Fill: _____ (month/day)

Download the **MobileRx** Pharmacy app from the Google Play or Apple App Store for easy refills.



Please visit our website at <http://www.uh.edu/healthcenter>

**4849 Calhoun Rd. RM 1211 HEALTH 2
Houston, Texas 77204-3016
P: 713-743-5125 F: 713-743-3971**

DIVISION OF STUDENT AFFAIRS AND ENROLLMENT SERVICES