STUDENT HEALTH SERVICES

PRESCRIPTION TRANSFER FORM

Medicine Shoppe Pharmacy 613 Broad Street New London, CT 06320 FAX NUMBER: (860) 442-4513

PHONE NUMBER: (860) 442-0669

Please call the Medicine Shoppe with the information below or complete the form and bring it to Student Health Services. All students must contact the Medicine Shoppe and provide a form of payment for any applicable co-pays.

PATIENT NAME:	
Date of birth:	
CELL PHONE NUMBER:	
MEDICATION(S):	
PRESCRIBER/PHYSICIAN:	
Rx#:	
PHARMACY:	
PHARMACY PHONE NUMBER:	

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