



* *West Paces Ferry* Phone: 404-237-7551, Fax: 404-233-1124 * *Crabapple* Phone: 770-992-4111, Fax: 770-993-0329 *
Long Term Care Phone: 770-992-7300 Fax: 770-993-7800 *

Prescription Transfer Request Form

Please fax or bring this form to the appropriate store.

Patient Information:

Name: _____ Date of birth: _____
Address: _____
Primary phone: _____ Gender (circle): Male / Female
Known allergies: _____
Health conditions: _____
Easy open lids: Yes / No Special requests: _____

Prescription Information:

*** if you don't have the Rx number, leave the field blank***

Pharmacy name: _____ Pharmacy phone: _____
Rx #1 - Medication name: _____ Prescription number: _____
Rx #2 - Medication name: _____ Prescription number: _____
Rx #3 - Medication name: _____ Prescription number: _____
Rx #4 - Medication name: _____ Prescription number: _____
Rx #5 - Medication name: _____ Prescription number: _____
Rx #6 - Medication name: _____ Prescription number: _____
Rx #7 - Medication name: _____ Prescription number: _____
Rx #8 - Medication name: _____ Prescription number: _____

Additional pharmacies or prescription information: _____

If you need the pharmacist to obtain new prescriptions from your physician, please provide your doctor's name, phone number, and any medications: _____

Please provide a copy of the patient's prescription insurance card(s) if possible. Please don't hesitate to call us with any questions you may have. Thank you for choosing Wender & Roberts.