



Prescription Transfer/Enrollment Form (required for each family member)

Patient Name

Date of Birth (MM/DD/YYYY) Last 4 digits of SSN

Address (cannot deliver to PO box)

City State Zip Code

Preferred Phone Secondary phone

Email address

Allergies

Legal Sex Gender Identity

Is there a secondary pharmacy insurance plan?

- No Yes (If yes, staff will contact you for information.)

Preferred Delivery Method (check either Pickup, Delivery, OR Drake) – if pickup, select pharmacy below.

<input type="checkbox"/> Pickup	<input type="checkbox"/> Delivery	<input type="checkbox"/> Drake Pharmacy
<input type="checkbox"/> UCMC Hoxworth Pharmacy	<input type="checkbox"/> UCMC Discharge Pharmacy	<input type="checkbox"/> UCMC Physician’s Office Building
<input type="checkbox"/> West Chester Outpatient Pharmacy	<input type="checkbox"/> Specialty Pharmacy	

If selecting home delivery or Drake pickup, please contact Outpatient Pharmacy via phone or email below to provide payment information. Prescriptions for delivery will be processed as received by providers. I authorize the pharmacy staff to bill my credit card/FSA/HSA/debit card on file for my copayments or coinsurance. I understand that any changes to delivery preferences including address changes need to be communicated before shipment occurs.

Signature _____ Date _____

CURRENT PHARMACY

Phone	City/State
Prescription #	Prescription Name/Dosage
Prescription #	Prescription Name/Dosage
Prescription #	Prescription Name/Dosage
Prescription #	Prescription Name/Dosage
Prescription #	Prescription Name/Dosage

Email/fax completed forms to specified location below: *(Add additional pages if necessary)*

UCMC Outpatient Pharmacy: Phone 513-584-8828
Fax 513-584-5270 or
UCMCOutpatientpharmacy@uhealth.com

West Chester Pharmacy: Phone 513-298-7730
Fax 513-759-1999 or
WCHOutpatientPharmacy@uhealth.com

Specialty Pharmacy FAX 513-585-9711 or
SpecialtyPharmacy@uhealth.com

Non-Specialty Home Delivery/Drake Pickup
513-584-5270 OR ucmcoutpatientpharmacy@uhealth.com