

To transfer prescriptions **FROM** an outside pharmacy **TO** The Center for Health and Well-being Pharmacy, please complete this form and return it to The Center for Health and Well-being Pharmacy in person or by fax: 803-777-0965. Please allow 24-48 hours for your prescription to be transferred.

Thank you for choosing our Pharmacy!

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Patient Phone \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Pharmacy Phone #: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

RX Number: \_\_\_\_\_ Drug Name: \_\_\_\_\_