

FLORIDA MEDICAL SUPPLY PHARMACY

# MEDICATION TRANSFER FORM

COMPLETE THE FOLLOWING INFO WHEN A PATIENT NEEDS MEDICATIONS TRANSFERRED FROM ANOTHER PHARMACY

FAX (850-913-9352)

Facility: \_\_\_\_\_

Patient: \_\_\_\_\_

MEDICATION	STR	RX#	DIRECTIONS	# OF REFILLS	PHARMACY	PHARMACY PHONE #	DOCTOR/ PHONE #

Please complete this form on **ALL new residents with prescriptions from other pharmacies and any patient needing medications transferred from another pharmacy.** Pharmacy must have **each column completed** before any medications can be transferred from another pharmacy or from the patient's doctor. **Don't wait till patient is out of medication.** Transfers of refill authorization may take more then 24 hours. Your cooperation is appreciated.

DATE:\_\_\_\_/\_\_\_\_/\_\_\_\_

BY:\_\_\_\_\_