

Pharmacy Transfer Forms

PLEASE ALLOW 2 BUSINESS DAYS TO PROCESS

Please fill out the below information if you would like for us to transfer an existing prescription at another pharmacy (Caremark, CVS, Walgreens, etc.).

Patient Name: _____ **DOB:** _____

Address: _____

Phone Number: _____

Allergies: _____

Cardholder Employer: (check one) MISD City of Mesquite

Please allow a minimum of two business days for transfers:

Pharmacy needing to contact: _____

Pharmacy phone number: _____

Prescription numbers: _____

Secondary Pharmacy: _____

Pharmacy Phone Number: _____

Prescription Numbers: _____

Please Fax Completed Forms to: (972) 882-7126

***Do NOT fax new prescriptions.

If you have any questions please call the pharmacy at (972) 882-7125.

Pharmacy Hours- Monday- Friday 8:30 to 5:30 (closed for pick up 11:00am to noon)

Clinic Hours- Monday – Friday 7:30 to 5:30

Clinic phone number: (972) 882-7120