



**IHS Pharmacy and Wellness Center  
Prescription Transfer Request**

Fill out this form and fax to us at:  
(937) 374-0950 (Xenia)  
or  
(937) 482-0342 (Fairborn)

Today's Date	
Patient Name	
Date of Birth	
Patient Phone Number	
Pharmacy Prescription was last filled at	
Pharmacy Phone Number	

Prescription refill number 1	
Name of medication	

Prescription refill number 2	
Name of medication	

Prescription refill number 3	
Name of medication	

Prescription refill number 4	
Name of medication	

Prescription refill number 5	
Name of medication	

Prescription refill number 6	
Name of medication	

Prescription refill number 7	
Name of medication	

Prescription refill number 8	
Name of medication	