

# Prescription Transfer Form

|                        |   |
|------------------------|---|
| Patient Name           | Daytime Phone Number                                    |
| Member id<br>RPZ _____ | Is it ok to leave a _____ Yes _____ No<br>detailed Mes- |
| Current Pharmacy Name  | Current Pharmacy Phone Number                           |

|   |                     |                         |  |
|---|---------------------|-------------------------|--|
| 1 | Prescription Number | Medication Name         | Strength _____                             |
|   | Prescriber          | Prescriber Phone Number | Supply: _____ 30 _____ 60<br>_____ 90 days |

|   |                     |                         |  |
|---|---------------------|-------------------------|--|
| 2 | Prescription Number | Medication Name         | Strength _____                             |
|   | Prescriber          | Prescriber Phone Number | Supply: _____ 30 _____ 60<br>_____ 90 days |

|   |                     |                         |  |
|---|---------------------|-------------------------|--|
| 3 | Prescription Number | Medication Name         | Strength _____                             |
|   | Prescriber          | Prescriber Phone Number | Supply: _____ 30 _____ 60<br>_____ 90 days |

|   |                     |                         |  |
|---|---------------------|-------------------------|--|
| 4 | Prescription Number | Medication Name         | Strength _____                             |
|   | Prescriber          | Prescriber Phone Number | Supply: _____ 30 _____ 60<br>_____ 90 days |

|   |                     |                         |  |
|---|---------------------|-------------------------|--|
| 5 | Prescription Number | Medication Name         | Strength _____                             |
|   | Prescriber          | Prescriber Phone Number | Supply: _____ 30 _____ 60<br>_____ 90 days |

Fax this form to Legacy Pharmacy at 318-445-2982 or mail to:

Legacy Pharmacy  
1201 N. Bolton Ave, Suite E  
Alexandria, LA 71301