

East Jordan Family Pharmacy  
601 Bridge Street  
East Jordan, MI 49727  
Phone: (231) 536-2206  
Fax: (231) 222-2235



Bellaire Family Pharmacy  
4955 S. M-88 Hwy  
Bellaire, MI 49615  
Phone: (231) 533-6655  
Fax: (231) 533-5331

## EJFHC Pharmacy – Medication Transfer Request Form

### Section 1: Patient Information (please print)

Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YY)	
Home Phone Number		Cell Number		
Street Address	City	State	Zip	
Driver's License #	Would you like to sign up for Text Alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Allergies (please list all allergies):				

### Section 2: Outside Pharmacy Transferring Prescript From (please print)

Name of Pharmacy
Phone Number

### Section 3: PRESCRIPTION INFORMATION (List all of the medications you would like transferred) (please print)

Medication Name(s)*:	File or Fill	Prescription #(s):
1.	<input type="checkbox"/> Fill now <input type="checkbox"/> File only	1.
2.	<input type="checkbox"/> Fill now <input type="checkbox"/> File only	2.
3.	<input type="checkbox"/> Fill now <input type="checkbox"/> File only	3.
4.	<input type="checkbox"/> Fill now <input type="checkbox"/> File only	4.
5.	<input type="checkbox"/> Fill now <input type="checkbox"/> File only	5.

### Section 4: Insurance Information, if applicable (please print or include copy of Rx Insurance Card)

Insurance Company Name	
Insurance Company Phone Number	Subscriber Relationship to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:
Subscriber/ Identification Number	Pharmacy Coverage information: RxBin: RxPCN: RxGroup:

PLEASE RETURN THIS DOCUMENT TO THE APPROPRIATE LOCATION BY MAIL, FAX OR IN PERSON