Texas State University

Student Health Center, 298 Student Center Dr., San Marcos, TX 78666 Phone: 512-245-3590 Fax: 512-245-3652

Prescription Transfer Form

You may either fax the form in or bring the form to the pharmacy located on the first floor of the Student Health Center. You should not email this form. Confidentiality of email communications cannot be guaranteed. Please allow 24 hours for the processing of transfers. (Incoming freshman can transfer starting August 15.)

| Student Name: | | Date of Birth: | | |
|--------------------------|----------------|----------------------------|----------------------|--|
| Texas State ID Number: | | Telephone Number: | | |
| Transfer From: | | | | |
| Pharmacy Name: | | Pharmacy Telephone Number: | | |
| Pharmacy Address (if kno | wn): | | | |
| Prescription (Rx#): | | Medication Name: | | |
| Prescription (Rx#): | | Medication Name: | | |
| Prescription (Rx#): | | Medication Name: | | |
| Required Information: | | | | |
| Drug Allergies: | Medical Condit | tions: | Current Medications: | |
| | | | | |
| | | | | |
| Insurance Information: | | | | |
| Insurance Company: | | | | |
| Rx BIN #: | | Rx PCN: | Rx PCN: | |
| Rx Group: | | ID #: | ID #: | |
| Student Signature: | | Date: | | |

Approved: 01/03/2023