

Prescription Transfer Request Form

- Please note that it generally takes 24-48 hours to transfer prescriptions. It may take up to 72 hours during the busy time.
- If there are no refills remaining, we will contact your prescriber. Please allow more time in processing your order.

Do you want to fill your medication after we transfer?

Yes, I want to fill now.

No, please keep my prescription on file

Please fill all required fields, indicated as red boxes.

1. Patient Information

Last Name _____ First Name _____ Date of Birth (MM/DD/YYYY) _____

Best Phone Number _____ Student ID (if student) _____

Local Address _____ City _____ State _____ Zip Code _____

2. Transferring Pharmacy Information

Pharmacy Name _____ Pharmacy Phone number _____

Pharmacy Address _____ City _____ State _____ Zip code _____

3. Prescriptions

We need either medication name or prescription number (if not both) to transfer prescription.

Medication _____ Strength (optional) _____ Rx number _____

Sig (Pharmacy Use Only)

Prescriber _____ Prescriber phone number _____

4. Prescription Insurance Coverage

Student Gold Health Plan

Other insurance plans

No insurance coverage

Please return this completed form to apothecary@colorado.edu or fax to 303-492-4874

Pharmacy Use Only

Rx Date: _____

Prescriber DEA: _____

1st Fill: _____

Prescriber Address _____

Last Fill: _____

Original Refill: _____

Refill Remaining: _____