



Rx Transfer Form

This is not an order form.

This form is a request to transfer your prescription from another pharmacy. An order can be placed by sending a new patient form along with this transfer request:

Online at www.jandrugs.com

By Phone: 1-866-395-3784

By Fax: 1-866-412-3784

Associated Order Number:
Patient Name:
Patient Address:
Pharmacy Name:
Pharmacy Phone Number:
Pharmacy Fax Number (optional):
Rx Number:
Name of Medication(s) and Strength:
Dr. Name:
Dr. Phone Number:
Dr. Fax Number (optional):
Address (optional):

I, _____, would like Jandrugs.com to transfer my existing prescription, from my local pharmacy.

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