

Rx Transfer Form

This is not an order.

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 _____

Rx Number _____

Name of Medication (s) and Strength _____

Dr. Name _____

Dr. Address _____

Dr. Phone Number _____

Dr. Fax Number _____

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

Information transmitted is intended only for the person or entity to which it is addressed and may contain confidential, proprietary and/or privileged material. Any review, retransmission, dissemination or other use of this information by persons or entities other than the intended recipient is prohibited.