




KVHC Pharmacy Prescription Transfer Form Instructions for Submission

1. Please fill out the entire form. If you do not know your current pharmacy's telephone number, you can leave that space blank.
2. Click on the '**File**' menu, then click '**Save**' or '**Save As**' to save your transfer form to your computer. You can also click the **Save** icon on the toolbar:  Be sure to remember where you saved the file!
3. Open your e-mail program or web browser, and attach your transfer form PDF to a new e-mail message.
4. Send your e-mail message to **kvhc.pharmacy@kvhc.org** with the subject "Prescription Transfer Request."
5. We will contact you if we need more information, or to let you know when your transfer request is completed.

You can also fill out this transfer form, print it out at home, and bring it to any KVHC location. We will take care of the rest!

*If you have any questions or issues with this file,
please e-mail us as soon as possible. Thank you!*

Creating healthy communities, starting with you.



Transfer Your Prescriptions To KVHC Pharmacy

Creating healthy communities, starting with **you.**

Please complete the following form to transfer your prescriptions to our pharmacy. You can return the completed form to any KVHC clinic or KVHC Pharmacy location. Thank you!

Please select your preferred pharmacy.

KVHC Pharmacy Patten
Phone: 207-447-4949

KVHC Pharmacy Houlton
Phone: 207-521-0620

Customer Information

Name: _____ Today's Date: _____

Date of Birth: _____ Phone Number: _____

Contact Name (if different from above): _____

Current Pharmacy

Pharmacy Name: _____

Pharmacy Phone: _____ City: _____ State: _____

Prescription Information

Prescription Name	Prescription Number

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