



Katahdin Valley Health Center

Prescription Transfer Form

Would you like to have your prescriptions filled at KVHC Pharmacy? Select a location:

☐ Patten ☐ Houlton ☐ Millinocket ☐ Dover-Foxcroft

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(s) to be Transferred to KVHC Pharmacy

Prescription Name	Prescription Number

Please return the completed form to any KVHC location. **Questions?** Call us at **1-866-366-5842**.