

PRESCRIPTION TRANSFER

To transfer prescriptions from an outside pharmacy to Redfern Health Center, please complete this form and return it to the Redfern Health Center Pharmacy in person or by fax: 864-656-2500. Please allow 24 hours for your prescription to be transferred.

Patient Information

Full Name: _____

Date of Birth: _____ (MM/DD/YYYY) CUID/XID: C _____

Phone Number: _____

Outside Pharmacy Transferring Prescription From

Name of Pharmacy: _____

Address: _____

Phone Number: _____ Fax Number: _____

Prescriptions Transferring to Redfern Health Center Pharmacy

List all of the medications you would like transferred.

Prescription 1

Rx Number: _____

Drug Name: _____

Estimated Date to Fill: _____ (month/day)

Prescription 2

Rx Number: _____

Drug Name: _____

Estimated Date to Fill: _____ (month/day)

Prescription 3

Rx Number: _____

Drug Name: _____

Estimated Date to Fill: _____ (month/day)

Please visit our website at clemson.edu/studenthealth.

