

# PRESCRIPTION TRANSFER FORM



Please see page two for pharmacy contact information. Completed forms may be dropped off or faxed to your pharmacy.

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Medication Allergies and/or Reactions: \_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Are you an employee with Baptist Health?  Yes  No

I will pick up my prescription at:  Bardstown  Corbin  Elizabethtown  Floyd  La Grange  
 Lexington  Louisville  Madisonville  Paducah  Richmond  
 I do not work on a hospital campus and would like to have my prescriptions mailed.

## CURRENT PHARMACY INFORMATION

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ City/State: \_\_\_\_\_

## PRIMARY CARE PROVIDER

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ City/State: \_\_\_\_\_

## PRIMARY INSURANCE NAME

Rx Bin#: \_\_\_\_\_ Rx Policy ID#: \_\_\_\_\_

Rx Group#: \_\_\_\_\_ Person Code: \_\_\_\_\_ PCN Code: \_\_\_\_\_

## SECONDARY INSURANCE NAME (if applicable)

Rx Bin#: \_\_\_\_\_ Rx Policy ID#: \_\_\_\_\_

Rx Group#: \_\_\_\_\_ Person Code: \_\_\_\_\_ PCN Code: \_\_\_\_\_

## PRESCRIPTION TRANSFER INFORMATION (check for yes)

Medications to transfer: \_\_\_\_\_ Which do you prefer?  safety caps  non-safety caps  
Name/Dosage: \_\_\_\_\_ Name/Dosage: \_\_\_\_\_  
Name/Dosage: \_\_\_\_\_ Name/Dosage: \_\_\_\_\_  
Name/Dosage: \_\_\_\_\_ Name/Dosage: \_\_\_\_\_

Would you like to be signed up for MyChart to have access to your medication list and request refills?

Would you like to be set up for auto refills? *For the first Baptist fill, you will need to contact the pharmacy to request medication fill and start the auto refill process.*

Do you have dependents you would like transferred as well?

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_

# PHARMACY LOCATIONS

## BARDSTOWN

3615 E. John Rowan Blvd.  
Bardstown, KY 40004

Phone: 502.331.4740  
Fax: 502.331.4741

Monday-Friday: 8 a.m.-6 p.m.

## CORBIN

1 Trillium Way  
Corbin, Kentucky 40701

Phone: 606.526.8334  
Fax: 606.526.8338

Monday-Friday: 7 a.m.-6 p.m.

## ELIZABETHTOWN

913 N. Dixie Ave.  
Elizabethtown, KY 42701

Phone: 270.706.1256  
Fax: 270.706.1258

Monday-Friday: 9 a.m.-7:30 p.m.  
Saturday: 9 a.m.-2 p.m.

## FLOYD

1850 State St.  
New Albany, IN 47150

Phone: 812.941.4446  
Fax: 812.941.4445

Monday-Friday: 7 a.m.-7 p.m.

## LA GRANGE

1025 Moody Lane  
La Grange, KY 40031

Phone: 502.225.5500  
Fax: 502.225.5501

Monday-Friday: 7 a.m.-5 p.m.

## LEXINGTON

1700 Nicholasville Road, Suite 1210  
Lexington, KY 40503

Phone: 859.639.3900  
Fax: 859.639.8856

Monday-Friday: 7 a.m.-5:30 p.m.  
Saturday and Sunday: 8 a.m.-4:30 p.m.

## LOUISVILLE

4000 Kresge Way  
Louisville, KY 40207

Phone: 502.928.6930  
Fax: 502.928.6939

Monday-Friday: 7 a.m.-6 p.m.  
Saturday-Sunday: 8 a.m.-4:30 p.m.  
(Closed for lunch noon-12:30 p.m.)

## PADUCAH

2601 Kentucky Ave.  
Medical Park 1, Suite 101  
Paducah, KY 42003

Phone: 270.575.5870  
Fax: 270.575.5873

Monday-Friday: 7 a.m.-5 p.m.

## RICHMOND

801 Eastern Bypass  
Richmond, KY 40475

Phone: 859.626.0076  
Fax: 859.623.8065

Monday-Friday: 8 a.m.-6 p.m.



## MADISONVILLE

900 Hospital Drive  
Madisonville, KY 42431

Phone: 270.825.5954  
Fax: 270.825.5956

Monday-Friday: 7 a.m.-5 p.m.