



TEXAS A&M UNIVERSITY  
**DEPARTMENT OF STUDENT HEALTH SERVICES**  
 A.P. BEUTEL HEALTH CENTER

PHARMACY UNIT  
 Phone: (979) 458-8292 Fax: (979) 458-8294

**Prescription Transfer-In Form**

*To the student:* Please call the pharmacy to verify that we stock your medication. Once you have confirmed that it is available, please complete the following form to the best of your ability. You may then either fax the form in or bring the form to the pharmacy located on the first floor of the Student Health Center. Please allow 48 hours for the processing of transfers.

Student Name:	Date of Birth:
UIN:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Local Address:	
Telephone Number(s):	

**Transfer From:**

Pharmacy Name:	Telephone:
Pharmacy Address ( <i>if known</i> ):	
Prescription (Rx #)	Medication Name:

**Required Information** (please circle):

Drug Allergies	Health Conditions	Current Medications
Cephalosporins      Codeine	Ulcers      Glaucoma      Cancer	Please list:
Erythromycin      Penicillin	Seizures      Hepatitis      Thyroid	
Tetracycline      Aspirin	Diabetes      Asthma      Pregnancy	
Hydrocodone      Sulfur Drugs	Migraine headaches      High blood pressure	NONE
Other: _____	Other: _____	Birth Control (if applicable, circle)
NONE	NONE	PILL      DEPO      Otho Evra

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_