



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. There will be a one time \$2.00 telephone charge added to your statement if the pharmacy must call long distance to obtain your prescription. 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 Erythromycin      Penicillin Tetracycline      Aspirin Hydrocodone      Sulfur Drugs Other: _____ NONE	Ulcers      Glaucoma      Cancer Seizures      Hepatitis      Thyroid Diabetes      Asthma      Pregnancy Migraine headaches      High blood pressure Other: _____ NONE	Please list:  NONE Birth Control (if applicable, circle) PILL      DEPO      Otho Evra

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