



East Hawaii Health Pharmacy

1190 Waiianuenu Avenue | (808) 932-3770 | www.HBMC.org/pharmacy

Prescription Transfer Request Form

If you would like to have prescriptions transferred to the East Hawaii Health Pharmacy, please complete the following information and our pharmacy staff will work with your current pharmacy to transfer your existing prescription(s). Please present a copy of your prescription insurance card to the pharmacy prior to filling any prescriptions. Call the pharmacy at (808) 932-3770 or email at EHHPharmacy@ehhpharm.org if you have any questions.

PATIENT INFORMATION

Full Name :

Address:

City: State: Zip:

Primary Phone: Secondary Phone:

Gender: Date of Birth : / / Email:

Employer:

INSURANCE INFORMATION (OR COPY OF INSURANCE CARD)

Insurance Company: Member ID:

Member Name: Relationship to Patient:

Bin #: Group #: PCN #:

TRANSFERRING PHARMACY INFORMATION

Transferring Pharmacy: Pharmacy Phone:

Physician Name:

RX#	DRUG NAME AND STRENGTH	# REFILLS REMAINING
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>