

**The University of Toledo**  
**Outpatient Pharmacy - Prescription Transfer Form**

Please complete the following information for any prescription that you would like transferred to one of The University of Toledo outpatient Pharmacies. All information is needed in order to successfully complete the transfer. You may use “ ” marks if the Pharmacy is the same for each medication.

Name Faculty/Staff	Pharmacy Name	Pharmacy's Phone Number	Drug Name	Prescription No.	Fill Now? Yes or No	Hold for Future Pick-up? Yes or No
Spouse's Name	Pharmacy Name	Pharmacy's Phone Number	Drug Name	Prescription No.	Fill Now? Yes or No	Hold for Future Pick-up? Yes or No
Dependent's Name	Pharmacy Name	Pharmacy's Phone Number	Drug Name	Prescription No.	Fill Now? Yes or No	Hold for Future Pick-up? Yes or No
Dependent's Name	Pharmacy Name	Pharmacy's Phone Number	Drug Name	Prescription No.	Fill Now? Yes or No	Hold for Future Pick-up? Yes or No
Dependent's Name	Pharmacy Name	Pharmacy's Phone Number	Drug Name	Prescription No.	Fill Now? Yes or No	Hold for Future Pick-up? Yes or No