



RUTLAND PHARMACY

"The Wellness Store"

THE RUTLAND PHARMACY IS HIPAA COMPLIANT AND THIS INFORMATION WILL NOT BE SHARED WITH BRS

CUSTOMER TRANSFER FORM



www.rutlandpharmacy.com

75 Allen Street Rutland, VT 05701

Toll Free 1-800-585-2545 Fax: 1-888-724-2545

Local Number 802-775-2545

USE THIS FORM TO TRANSFER YOUR EXISTING PRESCRIPTIONS TO RUTLAND PHARMACY. YOU MAY ALSO COMPLETE THIS FORM AT WWW.BRSVT.COM OR WWW.RUTLANDPHARMACY.COM.

Today's Date _____

Your Telephone Number _____

PLEASE COMPLETE THIS FORM

PATIENTS NAME	PHARMACY NAME	PHARMACY TELEPHONE	DOCTORS NAME	DOCTORS TELEPHONE

Prescription #	MEDICATION NAME AND STRENGTH	DIRECTIONS	Refills Left	Diagnosis
1	*			
2	*			
3	*			
4	*			
PATIENTS NAME	PHARMACY NAME	PHARMACY TELEPHONE	DOCTORS NAME	DOCTORS TELEPHONE

Prescription #	MEDICATION NAME AND STRENGTH	DIRECTIONS	Refills Left
1.	*		
2	*		
3.	*		
4.	*		

Use as many forms as needed. * Required fields.