

# Authorization for Prescription Transfer

PLEASE FILL OUT THE INFORMATION AND UPMC COMMUNITY PHARMACIES WILL CONTACT YOUR CURRENT PHARMACY TO TRANSFER ALL PRESCRIPTIONS.

FOR INFORMATION ON THE PROCESS  
PLEASE CALL THE UPMC COMMUNITY PHARMACIES DIRECTLY AT 412-246-0963

First Name		Middle Initial	Last Name	
DOB		Allergies to Medications		
Street Address		City	State	Zip
Cell Phone		Home Phone		
Insurance Provider	ID	PCN	Group	Bin

## Prescription Information

Pharmacy Name (where current prescriptions are filled) \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_

Name of Medication	Prescription # (if known)	Last fill date (if known)

## Authorization

By signing my name below, I authorize UPMC Community Pharmacies to transfer my prescriptions from the pharmacy listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Date that prescription is needed by:** \_\_\_\_\_

If you would like to pick up your prescription at the Centre Ave location, please check the box below.

I will be picking up my prescriptions at the UPMC Community Pharmacies 1860 Centre Ave location (pharmacy hours are M-F 9am-5:30pm)  
Phone: 412-246-0963