

Hampton City Schools Employee Pharmacy

2238 Todds Lane Hampton Virginia

Phone: 757-224-9681 Fax: 757-224-9682



It's easy to transfer your refills.

Just send this completed form to us. We will do the rest.

Prescription Transfer Form

Name: _____

ID #: _____

Your identification number can be found on your Insurance Card.

Phone: _____

Best number to reach you if the pharmacist has questions.

	Pharmacy Name & Telephone Number	Patients Name & Date of Birth	Prescription #	Name & Strength of Medication
1.				
2.				
3.				
4.				
5.				

This form can be submitted in person, by fax, or US mail.

Please call **757-224-9681** to verify your prescriptions are ready before you pick up.