

PRESCRIPTION TRANSFER FORM



Please see page two for pharmacy contact information. Completed forms may be dropped off or faxed to your pharmacy.

PATIENT INFORMATION

Patient Name: _____

SSN#: _____ Date of Birth: ____/____/____ Cell Phone: _____

Home Phone: _____ Email: _____

Address: _____

Medication Allergies and/or Reactions: _____

Medical Conditions: _____

Are you an employee with Baptist Health? Yes No

I will pick up my prescription at: Bardstown Corbin Elizabethtown Floyd La Grange

Lexington Louisville Madisonville Paducah Richmond

I would like to have my prescriptions mailed. If selected, please fax this form to 502.565.0004.

CURRENT PHARMACY INFORMATION

Name: _____ Telephone: _____ City/State: _____

PRIMARY CARE PROVIDER

Name: _____ Telephone: _____ City/State: _____

PRIMARY INSURANCE NAME

Rx Bin#: _____ Rx Policy ID#: _____

Rx Group#: _____ Person Code: _____ PCN Code: _____

SECONDARY INSURANCE NAME (if applicable)

Rx Bin#: _____ Rx Policy ID#: _____

Rx Group#: _____ Person Code: _____ PCN Code: _____

PRESCRIPTION TRANSFER INFORMATION (check for yes)

Medications to transfer: _____ Which do you prefer? safety caps non-safety caps
Name/Dosage: _____ Name/Dosage: _____
Name/Dosage: _____ Name/Dosage: _____
Name/Dosage: _____ Name/Dosage: _____

Would you like to be signed up for MyChart to have access to your medication list and request refills?

Would you like to be set up for auto refills? *For the first Baptist fill, you will need to contact the pharmacy to request medication fill and start the auto refill process.*

Do you have dependents you would like transferred as well?

Name: _____ DOB: _____ SSN#: _____

Name: _____ DOB: _____ SSN#: _____

Name: _____ DOB: _____ SSN#: _____

PHARMACY LOCATIONS

BARDSTOWN

3615 E. John Rowan Blvd.
Bardstown, KY 40004
Phone: 502.331.4740 • Fax: 502.331.4741

CORBIN

1 Trillium Way
Corbin, Kentucky 40701
Phone: 606.526.8334 • Fax: 606.526.8338
Monday-Friday: 7 a.m.-6 p.m.

ELIZABETHTOWN

913 N. Dixie Ave.
Elizabethtown, KY 42701
Phone: 270.706.1256 • Fax: 270.706.1258
Monday-Friday: 9 a.m.-7:30 p.m.
Saturday: 9 a.m.-2 p.m.

FLOYD

1850 State St.
New Albany, IN 47150
Phone: 812.941.4446 • Fax: 812.941.4445
Monday-Friday: 7 a.m.-7 p.m.

LA GRANGE

1025 Moody Lane
La Grange, KY 40031
Phone: 502.225.5500 • Fax: 502.225.5501
Monday-Friday: 7 a.m.-5 p.m.

LEXINGTON

1700 Nicholasville Road, Suite 1210
Lexington, KY 40503
Phone: 859.639.3900 • Fax: 859.639.8856
Monday-Friday: 7 a.m.-5:30 p.m.
Saturday and Sunday: 8 a.m.-4:30 p.m.

LOUISVILLE

4000 Kresge Way
Louisville, KY 40207
Phone: 502.928.6930 • Fax: 502.928.6939
Monday-Friday: 7 a.m.-6 p.m.
Saturday-Sunday: 8 a.m.-4:30 p.m.
(Closed for lunch noon-12:30 p.m.)

PADUCAH

2601 Kentucky Ave., Medical Park 1, Suite 101
Paducah, KY 42003
Phone: 270.575.5870 • Fax: 270.575.5873
Monday-Friday: 7 a.m.-5 p.m.

RICHMOND

801 Eastern Bypass
Richmond, KY 40475
Phone: 859.626.0076 • Fax: 859.623.8065
Monday-Friday: 8 a.m.-6 p.m.

BAPTIST HEALTH CENTRAL PHARMACY SERVICES CENTER

1051 New Moody Lane, Suite 1400
La Grange, KY 40031
Phone: 502.565.0000 • Fax: 502.565.0004
Monday-Friday: 8 a.m.-6 p.m.

BRECKENRIDGE COMMUNITY PHARMACY

2800 Breckenridge Lane, Suite 130
Louisville, KY 40220
Phone: 502.928.0030 • Fax: 502.928.0031
Monday-Friday: 7 a.m.-7 p.m.

HAMBURG COMMUNITY PHARMACY

3000 Baptist Health Blvd., Suite 130
Lexington, KY 40509
Phone: 859.422.8040 • Fax: 859.422.8041
Monday-Friday: 9 a.m.-5:30 p.m.

BAPTIST HEALTH DEACONESS MADISONVILLE

900 Hospital Drive
Madisonville, KY 42431
Phone: 270.825.5954 • Fax: 270.825.5956
Monday-Friday: 7 a.m.-5 p.m.

