

Request for Prescription Delivery

Please complete form and fax to the Employee Pharmacy at 276-2600. (One form for each patient.)

Patient Name: _____

Patient's Date of Birth: _____

Prescriptions to be filled: _____
(Rx Numbers or name of Medications) _____

Employee Name: _____

Work Phone Number: _____ Alternate Phone/Pager Number: _____

Employee U of R Email Address: _____

Delivery Location: _____

(PLEASE include specific address/building/office or suite number. Please include any special directions.)

Please indicate delivery preference:

_____ Package may be left at front desk.

_____ Package may be left with _____

_____ Package must be delivered directly to employee.

Special Instructions: _____

We accept Credit card payments only. Driver is unable to accept cash or personal checks.

Please allow 1-2 business day for deliveries of prescriptions.