

Request for Prescription Delivery

Please complete this form and fax to the Employee Pharmacy at 276-2600 or call us at (585)276-3900. (One form for each patient.)

Patient Name: _____

Patient 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: _____

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

Please indicate delivery preference:

_____ Package may be left at front desk.

_____ Package may be left with _____

_____ Package must be delivered directly to employee.

Payment Type:

_____ Use credit card on file (Preferred) _____ Send PayPal Link

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.