

## 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: \_\_\_\_\_

\_\_\_\_\_  
(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.

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Payment Type:

\_\_\_\_\_ Use credit card on file

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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.