

# **3** Reasons to have your prescriptions filled at the DCMH Pharmacy:

#### **1. QUALITY**

As a DCMH patient, our DCMH Pharmacists have greater access to your medical information enabling them to provide a higher level of clinical care unique to your needs.

#### 2. SERVICE & CONVENIENCE

DCMH Pharmacy offers exceptional customer service, a convenient drive-thru, free home delivery and competitive pricing.

#### **3. COMMUNITY**

DCMH is a not-for-profit county organization that reinvests 100% of its earnings into better serving the residents of Decatur County.

If you do not already have your prescriptions filled at the DCMH Pharmacy and would like for them to be filled at the DCMH Pharmacy, please fill in the form below.

### PRESCRIPTION TRANSFER REQUEST FORM

Name:
DOB:
Address:
Home Number:
Cell Number:
Current Pharmacy Name:
Current Pharmacy Location:
Allergies to Medications:

## Please fax form to **812-663-1190** when complete.

If possible, please supply a copy of your Pharmacy insurance card as well.

FOR OFFICE USE ONLY:	
Prescriptions transferred	
By	
Date	