STUDENT HEALTH CENTER PHARMACY

1800 Volunteer Boulevard, Knoxville, Tn. 37996
TEXT FORM TO 865.974.5934 or
Email: utkrx@utk.edu

If you would like to have your prescriptions transferred to UT Student Health Center Pharmacy, please fill in the information below.

Patient Name: _____

Patient Address: _____

Patient Phone Number (Cell)_____

Date of Birth: _____

Drug Allergies (If any): _____

<u>Insurance Information:</u>
Plan Name: _____

ID#: _____

Group#: _____

BIN#: _____

PCN#: _____

Pharmacy Name: _____

Pharmacy Address: _____ City: _____ State: _____ Zip: _____

Pharmacy Phone#: _____

List of Current Medications and Doses: (use back of form to list additional medicines)

1._____ 2. _____ 3. _____

4._____ 5. _____ 6. _____