

SHS Pharmacy – Transfer Information

Patient Name: _____

Birth date: _____ Patient Phone #: _____

Pharmacy Name: _____ Phone #: _____

Pharmacy Address: _____

RX Number: _____ Drug Name: _____

Fill out the information above and fax it to The Thomson Student Health Center Pharmacy at 803-777-0965. We will call the pharmacy listed above. Please allow 24 hours for your prescription to be transferred.