

KAHC PHARMACY SERVICES
Proposed Prescription Drop-Off Form
(One Form per Patient)

Date & Time of Drop-Off

Desk Technician Initials

Completed prescriptions will be available for pick-up after 1000 the following business day at window number 7.* Please note that failure to print legibly or complete the information requested may result in the return of your prescriptions unfilled. A valid Military ID card for patients over the age of 10 will be required for prescription drop off pick-up.

Full Name of Patient _____
Patient's Date of Birth _____ Sponsor's SSN _____
Child's Weight (lbs) _____ Contact Phone Number _____
Name of Contact (if different than patient) _____

Is patient pregnant or breastfeeding or not applicable? (Circle One)

Does patient have any allergies to medications? Circle One: Y/N

If yes, please list medication and the associated reaction: _____

Please indicate the number of prescriptions enclosed _____

Name of Medical Provider (first and last name): _____

Contact phone number corresponding to the office where the patient was seen _____

Name of Medical Provider (if more than one): _____

Contact phone number corresponding to the office where the patient was seen _____

IMPORTANT INFORMATION

The Drop-Off Prescription Service is limited to hand written prescriptions that are:

- less than 3 months old for regular prescriptions
- less than 1 month old for controlled substances prescriptions and refills are not honored
- hand signed by an outside provider (computer generated or stamped signatures cannot be accepted)

*In the event that it is necessary to contact your provider for needed information or clarification, the stated turn-around time may be significantly delayed. We cannot predict when an office will return our call.