

MEHC Prescription Transfer Forms

Please fill out the information below to help make a smooth transition from your existing pharmacy to the **Mesquite Employee Health Clinic Pharmacy**. In order to fill a 90 day supply of a maintenance medication, the prescription must be written for 90 days. Please have your physician call if you would like to change a current 30 day supply to a 90 day supply.

Patient Name: _____ **DOB** _____

Address: _____

Phone Number: _____

Employer of Cardholder (circle one) MISD City of Mesquite

The following information can be found on your pharmacy bottle. Due to HIPAA and patient privacy, please only provide the prescription number. The prescription number is all that is necessary to retrieve prescription information.

Pharmacy Needing to Contact _____ Phone # () _____

Prescription Numbers _____

Second Pharmacy Needing to Contact _____ Phone # () _____

Prescription Numbers _____

Please return these forms by Mail, Fax, or Drop Off at Pharmacy (M-F 7:30- 5:30).

Mail to:
Mesquite Employee Health Clinic
300 West Kearney
Mesquite, Texas 75149

Fax: (972) 882-7126
Phone: (972) 882-7125

Please call if you have any questions--