

Rx Transfer Form

This is not an order.

This form is a request to transfer your prescription from another pharmacy.

An order can be placed:

- Online at www.TheCanadianPharmacy.com
- By phoning 1-866-335-8064
- By sending a New Customer Package form along with this Transfer request.

Associated Order Number _____

Patient Name _____

Patient Address _____

Pharmacy Name _____

Pharmacy Phone Number _____

Pharmacy Fax Number _____

Rx Number _____

Name of Medication (s) and Strength _____

Dr. Name _____

Dr. Address _____

Dr. Phone Number _____

Dr. Fax Number _____

I _____ would like TheCanadianPharmacy to transfer my existing prescription from my local pharmacy.

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