Transfer Request Form

Please complete this form and fax back to your selected OU Health Pharmacy.

Name:	Date of Birth:		
Address:	City:	State:	Zip:
Phone Number:	Drug Allergies:		
Please attach a copy of your dri this information and/or credit ca	iver's license and insurance card. If not attach ard information to put on file.	ed, the pharmacy will c	ontact you to collect
	uest Prescription Refills by Downloading the Open sign up at mychart.ouhealth.com or downlo).
Transferring-from-Pharmac	cy Information		
3	Pharmacy Number:		
_	Pharmacy Numb	oer:	
Pharmacy Name:	Pharmacy Numb		
Pharmacy Name: Medications to be Transferred (C		v; the rest will go on hol	d):

OU Health Pharmacy Locations

Oklahoma Children's Hospital OU Health

1200 N. Childrens Ave., Suite 2A Oklahoma City, OK 73104-4600

Phone: (405) 271-2156 Fax: (405) 271-2158

Hours: Monday - Friday, 8 a.m. - 6 p.m. Saturday - Sunday, 9 a.m. - 4 p.m.

OU Health Family Medicine

900 N.E. 10th St., Suite 1101 Oklahoma City, OK 73104-54950

Phone: (405) 271-2333 Fax: (405) 271-2770

Hours: Monday - Friday, 8:30 a.m. - 5:30 p.m.

OU Health Stephenson Cancer Center

800 N.E. 10th St., Suite 1044 Oklahoma City, OK 73104

Phone: (405) 271-1488 Fax: (405) 271-1633

Hours: Monday - Friday, 8:30 a.m. - 5 p.m.

OU Health Physicians Building

825 N.E. 10th St., Suite 2A Oklahoma City, OK 73104

Phone: (405) 271-6446 Fax: (405) 271-6447

Hours: Monday - Friday, 8:30 a.m. - 5:30 p.m.

OU Health Pharmacy — Nicholson Tower

1000 N.E. 13th St., Suite 1880 Oklahoma City, OK 73104

Phone: (405) 271-5831 Fax: (405) 271-5837

Hours: Monday - Friday, 8:30 a.m. - 5:30 p.m.

