



5481 Commercial Drive, Suite C | Huntington Beach, CA 92649

Phone: (855) 699-2221 | Fax: (877) 735-4866

pharmacy@champion-rx.com | www.championrx.net

Prescription Transfer Form

Patient Name: _____

DOB: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Drug Allergies: _____

Transfer my prescriptions from:

Pharmacy Name: _____

Pharmacy Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Fax Number: _____

Rx #	Medication Name and Strength	I need it today!	I need it by: (Write in date)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Fax form to (877) 735-4866 or email to pharmacy@champion-rx.com.

A pharmacist will contact you to coordinate your prescriptions and pick-up/delivery.

We look forward to joining you on your wellness journey!