



## HOW DO I TRANSFER TO A NEW PHARMACY?

In general, transferring between 2 pharmacies is easy if you have valid refills at your current pharmacy. Below are a few tips and ways to have a smooth transition.

## WHAT SHOULD I DO FIRST WHEN TRANSFERRING?

Most pharmacies will ask you to fill out a form to collect your information, such as address, phone number, and allergies. Your new pharmacy will need to see your prescription insurance card before they are able to bill your insurance. Always keep this information up to date with your pharmacy.

## IF MY OLD PHARMACY IS EASY TO CONTACT...

First, your new pharmacy needs a list of medications you need transferred and if possible the prescription numbers (RX#) from your current pharmacy. If your prescriptions have refills, contact information for your current pharmacy is also needed for us to transfer your remaining refills from their store. If you do not have refills or have medications that are more difficult to transfer, such as controlled substances, your provider must be contacted directly.

## IF MY OLD PHARMACY IS DIFFICULT TO CONTACT...

To transfer a prescription, we must be able to contact your current pharmacy. We are happy to attempt the transfers by fax or leaving a voicemail, but often a faster method is to contact your provider directly. We recommend contacting your provider's office to inform them of the change in pharmacies and requesting your old scripts be cancelled and new prescriptions be sent to your new pharmacy.



### LOCATION:

671 Teresa Ln  
Roanoke, VA 24019

### HOURS:

Mon-Fri: 9 am - 7 pm  
Sat: 9 am - 2 pm

### CONTACT INFO:

Ph: (540) 966-4858  
Email: [downhome@ntelos.net](mailto:downhome@ntelos.net)

SCAN ME



### SERVICES OFFERED:

- Compounding
- Vaccinations
- Medication Synchronization
- Compliance Packaging
- Drug Take Back and Donation Programs
- Delivery Services
- Healthy Hopper Rental
- Durable Medical Equipment
- Smoking Cessation
- Easy Refills via our App or Website!

### CHECK OUT MORE ON OUR WEBSITE

[www.downhomepharmacy.net/](http://www.downhomepharmacy.net/)

### TIPS FROM YOUR PHARMACIST

- Always keep an updated list of medications you are taking, including over-the-counter (OTC) medications and supplements, with you. Having your pharmacy's contact information on this list also helps your providers verify this information if needed.
- Call prescription refills in 2-3 days in before you are out of medicine. This makes sure we have time to contact your doctor or order in the medication if needed and you won't go without medications.





# PATIENT AND FAMILY INTAKE FORM

Birth Date:

**Address:**

City:

State:

Zip:

Phone:

### Allergies and Reaction:

Medical Conditions:

## Asthma

## Blood Pressure

## High Cholesterol

## Diabetes

## Thyroid

Other:

**Other Family Members:**

Relation:

Birth Date:

**Medical Conditions:**

**Allergies:**

BIN:

PCN/Processor:

ID#:

RX Group:

I hereby acknowledge the display of DownHome Pharmacy Notice of Privacy Practices and have read and agree to abide by the terms of this notice. I may request a copy of this notice at any time and have the right to place restrictions on the use and disclosure of my medical records. I hereby authorize the use of my medical information for the treatment, payment, and healthcare operations of DownHome Pharmacy. I understand DownHome Pharmacy will make a reasonable effort not to use or disclose more than the minimum amount necessary to accomplish their requested purpose.

Signed:

Date:

The Poison Prevention Packaging Act of 1970 requires most prescription drugs to be dispensed in Child-Resistant Containers unless otherwise requested. By signing below, I am requesting that all new and refill prescriptions be dispensed in EASY OPEN CONTAINERS (NON-SAFETY CAPS) for myself and these family members: \_\_\_\_\_

If signed by an individual other than the patient, I have been authorized by the patient to make this request.

I request NON-Safety Caps (sign):

Date:

**If you need prescriptions transferred:**

**Current Pharmacy:**

**Phone:**

**Patient Name:**

Medication Name:

RX#:

[illegible]