

Prescription Override Worksheet
Michigan State University HealthCare Pharmacies

1. Please return this worksheet with all information filled in to the MSU pharmacies.
2. Allow 5 business days from the date you submit worksheet for processing.
3. To check the status of your override, please call the pharmacy (MSU Health Care Pharmacy - 517-353-3500)
4. Please submit a separate worksheet for each person in need of overrides.

Patient information: (patient that is traveling)

Patient name: _____

Patient Phone Number: _____ Patient DOB: ___/___/___

Departure date: ___/___/___ Return date: ___/___/___

Reason for Override:

- Vacation Override / Travel supply Other: _____

Select MSU pharmacy you would like to use:

- MSU Health Care Pharmacy

Desired pick-up date:

___/___/___

**** Restrictions apply. Not all prescriptions eligible for early refill. Ask staff for details ****

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Prescription Information

DRUG NAME	STRENGTH	SUPPLY NEEDED	below pharmacy use only	
			DATE FILLED	DATE FILLED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
Total prescriptions filled for patient →				

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