



# Hospital Pharmacy Prescription Request Form

Please fill out the form, hit Submit, and send a secure email to the [Pharmacy Requests Mailbox](#).

Date: \_\_\_\_\_

1. Patient's Name (Last, First): \_\_\_\_\_

2. Patient's DoD ID Number (10-digit # on ID CARD): \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Patient's Drug Allergies (if any): \_\_\_\_\_

Patient's Weight (lbs.) (if under 12yrs of age): \_\_\_\_\_

3. Medications Requested: (Please input names if possible, otherwise use the indication or date of appointment). **DO NOT SAY "ALL."**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please Provide a Cell Phone Number for questions and so we can notify you when ready:

\_\_\_\_\_

5. Cell Phone Carrier (i.e., AT&T): \_\_\_\_\_

6. Total number of Prescriptions: \_\_\_\_\_

7. If submitted before 12 p.m. (Noon), prescriptions will be ready for pickup at the Main Outpatient Pharmacy the same day after 4 p.m. or when notified. Prescription requests submitted after 12 p.m. (Noon) will be ready for pickup after 9:30 a.m. the following business day.

**EXCEPTIONS:**

- a. **Non-Formulary Items:** These will not be filled **without prior approval**.
- b. **Special Order medication(s):** Patients will receive an "Out of Stock" text message and will be notified when ready for pick up (typically 3-5 business days).
- c. **Refills:** Please call 1-800-377-1723 or use TRICARE Online to request refills (typically 3-5 business days). You will not receive text message status updates.
- d. **Transfers:** May take up to 3 business days.

**Privacy Act Statement:** In accordance with the Privacy Act of 1974 (Public Law 93-579), this informs you of this document's purpose and how it will be used.

**Authority:** 10 U.S.C 136; 10 U.S.C 1074; DoD Directives 1404. 10, 5101.1, 5136.01, and 6490.02E; and DoD Instruction 6025.19.

**Purpose:** To obtain information in order to fill prescriptions through the Military Treatment Facility at the beneficiary's request.

**Disclosure:** Voluntary