



**EBMS' miRx Pharmacy
Maintenance Prescription Transfer Form**

Please complete the following information and our pharmacy staff will work with your current pharmacy or your prescribing doctor to transfer your existing maintenance prescription(s). ***Please also include the completed enrollment form.***

Required fields marked with an asterisk (*).

Prescription #1:

*Name:		*Date of Birth:	
*Phone Number:		Email Address:	
*Prescription Number:		*Name of Medication:	
Number of Refills Remaining:		Date Last Filled:	
*Name of Pharmacy (Last Filled):		*Pharmacy Telephone Number:	
Prescribing Doctor's Name:			
*Prescribing Doctor's Telephone Number:		Prescribing Doctor's Fax Number (If Known):	
*Signature:			

Prescription #2:

*Name:		*Date of Birth:	
*Phone Number:		Email Address:	
*Prescription Number:		*Name of Medication:	
Number of Refills Remaining:		Date Last Filled:	
*Name of Pharmacy (Last Filled):		*Pharmacy Telephone Number:	
*Prescribing Doctor's Name:			
Prescribing Doctor's Telephone Number:		Prescribing Doctor's Fax Number (If Known):	
*Signature:			

See reverse side for additional prescription transfers and submission instructions.



Prescription #3:

*Name:		*Date of Birth:	
*Phone Number:		Email Address:	
*Prescription Number:		*Name of Medication:	
Number of Refills Remaining:		Date Last Filled:	
*Name of Pharmacy (Last Filled):		*Pharmacy Telephone Number:	
*Prescribing Doctor's Name:			
Prescribing Doctor's Telephone Number:		Prescribing Doctor's Fax Number (If Known):	
*Signature:			

Prescription #4:

*Name:		*Date of Birth:	
*Phone Number:		Email Address:	
*Prescription Number:		*Name of Medication:	
Number of Refills Remaining:		Date Last Filled:	
*Name of Pharmacy (Last Filled):		*Pharmacy Telephone Number:	
*Prescribing Doctor's Name:			
Prescribing Doctor's Telephone Number:		Prescribing Doctor's Fax Number (If Known):	
*Signature:			

Submission Options:

Fax To: (406) 869-6552

Email: miRx@ebms.com

Mail To: PO BOX 21669, Billings, MT 59104

PLEASE ALSO INCLUDE THE COMPLETED ENROLLMENT FORM