



# STUDENT HEALTH CENTER PHARMACY

1800 Volunteer Boulevard, Knoxville, Tn. 37996  
**TEXT FORM TO 865.974.5934 or**  
**Email: [utkrx@utk.edu](mailto:utkrx@utk.edu)**

**If you would like to have your prescriptions transferred to UT Student Health Center Pharmacy, please fill in the information below.**

**Patient Name:** \_\_\_\_\_

**Patient Address:** \_\_\_\_\_

**Patient Phone Number (Cell)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Drug Allergies (If any):** \_\_\_\_\_

**Insurance Information:**

**Plan Name:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

**Group#:** \_\_\_\_\_

**BIN#:** \_\_\_\_\_

**PCN#:** \_\_\_\_\_

**Pharmacy Name:** \_\_\_\_\_

**Pharmacy Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Pharmacy Phone#:** \_\_\_\_\_

**List of Current Medications and Doses: (use back of form to list additional medicines)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_