

Kaiser Permanente Pharmacy Refill Transfer Form

It's easy to transfer your refills. Just complete this form, and fax or mail it to us. We'll do the rest.

Patient name	Daytime phone number
8-digit ID from member card	Is it OK to leave a detailed message? <input type="checkbox"/> YES <input type="checkbox"/> NO
Current pharmacy name	Current pharmacy phone number

1	Prescription number:	Medication name:	Strength: _____
	Prescriber:	Prescriber's phone number:	Supply: <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 days

2	Prescription number:	Medication name:	Strength: _____
	Prescriber:	Prescriber's phone number:	Supply: <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 days

3	Prescription number:	Medication name:	Strength: _____
	Prescriber:	Prescriber's phone number:	Supply: <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 days

4	Prescription number:	Medication name:	Strength: _____
	Prescriber:	Prescriber's phone number:	Supply: <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 days

5	Prescription number:	Medication name:	Strength: _____
	Prescriber:	Prescriber's phone number:	Supply: <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 days

ORDER LATER—check this box if you don't need a refill now. When you are ready to order a refill, please call us at 1-800-245-7979, or order online at kp.org/wa. Enhanced services verification is required to order online.

ORDER NOW—check this box and give us the information requested below. Your order should arrive in seven to ten business days. You will be billed separately. To protect your security, please do not send bank card information with your order.

SHIPPING INFORMATION

Name		
Address	Apt	
City	State	ZIP Code

FAX 206-630-7950 or
1-800-350-1683

MAIL Kaiser Permanente Mail Order
PO Box 34383
Seattle, WA 98124-1383

If you have questions, please call 1-800-245-7979.

