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.

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miRx prescription mail order

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: 993 S 24th St., Suite A; Billings, MT 59102

PLEASE ALSO INCLUDE THE COMPLETED ENROLLMENT FORM

Click Here to Submit!