

Item #AP52953

100/pad 5-1/2" x 4-1/4"
 10 pads/pack **\$19.72/pack**

Transfer Prescription

Name _____ Transfer Date _____
 Address _____
 Original Rx # _____ Date Of Issue _____
 Date First Filled _____ Original Refills _____
 Refills Remaining _____ Date Last Refill _____
 Pharmacy _____
 Address _____
 DEA # _____
 Pharmacist Of Record: _____
 Transferring _____
 Receiving _____

Rx

_____ **May Substitute** _____ **Dispense As Written** _____
 Address _____
 DEA # _____

Item #LW1

100/pad 4-1/4" X 5-1/2"
 10 pads/pack **\$11.45/pack**

FOR _____
 ADDRESS _____ DATE _____

Rx

DISPENSE AS WRITTEN

REFILL _____ TIMES DR. _____
 DEA NO. _____ ADDRESS _____

Item #TRANSFER-RX1

4-1/4" X 5-1/2"
 100/pad - 5 pads/pack
\$13.25/pack

TRANSFER PRESCRIPTION

NAME _____ TRANSFER DATE: _____
 ADDRESS _____ DOB: _____
 ORIGINAL RX# _____
 DATE OF ISSUE _____
 DATE FIRST FILLED _____
 DATE LAST FILLED _____
 ORIGINAL QUANTITY _____
 REMAINING QUANTITY _____
 ORIGINAL REFILLS _____
 REMAINING REFILLS _____
 PHARMACY _____
 ADDRESS _____
 PHONE NO. _____
 DEA NO. _____
 PHARMACIST OF RECORD: _____
 TRANSFERRING: _____
 RECEIVING: _____

Rx

_____ **MAY SUBSTITUTE** _____ **DISPENSE AS WRITTEN** _____
 PRESCRIBER NAME: _____
 ADDRESS: _____
 PHONE NO. _____ DEA NO. _____
Jays Company 1-800-647-5297 Reorder # TRANSFER-RX1

Item #TRANSFER-RX2

4-1/4" X 5-1/2"
 100/pad - 5 pads/pack
 (IN STATE REQUIREMENTS)
\$13.25/pack

TRANSFER PRESCRIPTION

NAME _____ TRANSFER DATE: _____
 ADDRESS _____ DOB: _____
 ORIGINAL RX# _____
 DATE OF ISSUE _____
 DATE FIRST FILLED _____
 DATE LAST FILLED _____
 ORIGINAL QUANTITY _____
 REMAINING QUANTITY _____
 ORIGINAL REFILLS _____
 REMAINING REFILLS _____
 PHARMACY _____
 ADDRESS _____
 PHONE NO. _____
 DEA NO. _____
 PHARMACIST OF RECORD: _____
 TRANSFERRING: _____
 RECEIVING: _____

Rx

_____ **DISPENSE AS WRITTEN** _____ **MAY SUBSTITUTE** _____
 PRESCRIBER NAME: _____
 ADDRESS: _____
 PHONE NO. _____ DEA NO. _____
Jays Company 1-800-647-5297 Reorder # TRANSFER-RX2

Item #TRANSFER-RX3

4-1/4" X 5-1/2"
 100/pad - 10 pads/pack
 (MA STATE REQUIREMENTS)
\$13.25/pack

TRANSFER PRESCRIPTION

NAME _____ TRANSFER DATE: _____
 ADDRESS _____ DOB: _____
 ORIGINAL RX# _____
 DATE OF ISSUE _____
 DATE FIRST FILLED _____
 DATE LAST FILLED _____
 ORIGINAL QUANTITY _____
 REMAINING QUANTITY _____
 ORIGINAL REFILLS _____
 REMAINING REFILLS _____
 PHARMACY _____
 ADDRESS _____
 PHONE NO. _____
 DEA NO. _____
 PHARMACIST OF RECORD: _____
 TRANSFERRING: _____
 RECEIVING: _____

Rx

Interchange is mandated unless the practitioner writes the words "no substitution" in the space above

 ADDRESS: _____
 PHONE NO. _____ DEA NO. _____
Jays Company 1-800-647-5297 Reorder # TRANSFER-RX3

Prices are subject to change without notice