**House of Wellness Pharmacy**
S2845 White Eagle Road
Baraboo, WI 53913
Ph: 608-355-5177 Fax: 608-356-1233

**Health Care Center Pharmacy**
N6520 Lumberjack Guy Road
Black River Falls, WI 54615
Ph: 888-685-4422 ext 35312 Fax: 715-284-2293

# TRANSFER MY PRESCRIPTIONS

PLEASE COMPLETE ONE FORM FOR EACH FAMILY MEMBER

Name: _____ DOB: _____ Tribal member ☐ Yes ☐ No

Address: _____

Cell Phone: _____ Text message notification when Rx is ready ☐ Yes ☐ No

Allergies: _____ Ho-Chunk Employee ☐ Yes ☐ No

Insurance Cardholder ID # (SSN for Auxiant) _____

CURRENT PHARMACY INFORMATION (If you have more than one pharmacy, please list)

1. Pharmacy name: _____ Phone: _____

   Pharmacy address: _____

2. Pharmacy name: _____ Phone: _____

   Pharmacy address: _____

Medications you would like to transfer (Rx#s are NOT required to submit form ): Fill now?

1. _____ RX #_____ Pharmacy name: _____ ☐
2. _____ RX #_____ Pharmacy name: _____ ☐
3. _____ RX #_____ Pharmacy name: _____ ☐
4. _____ RX #_____ Pharmacy name: _____ ☐
5. _____ RX #_____ Pharmacy name: _____ ☐
6. _____ RX #_____ Pharmacy name: _____ ☐
7. _____ RX #_____ Pharmacy name: _____ ☐
8. _____ RX #_____ Pharmacy name: _____ ☐

How would you like to obtain your prescriptions?

☐ Pick up at House of Wellness Pharmacy in Baraboo

☐ Pick up at Heath Care Center Pharmacy in Black River Falls

☐ Mail (if you are a non-tribal member, please contact the pharmacy to provide credit card information for co-pays)

**Please drop off, fax, or mail this form to us**