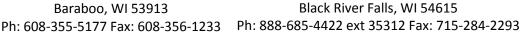


House of Wellness Pharmacy

S2845 White Eagle Road Baraboo, WI 53913

Health Care Center Pharmacy

N6520 Lumberjack Guy Road Black River Falls, WI 54615





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 \Box \	′es □ No
Allergies:		Ho-Chunk Employee □ \	'es □ No
Insurance Cardholder ID # (SSN	for Auxiant)		
CURRENT PHARMACY INFORMA	TION (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 t	ransfer (Rx#s are NOT require	d 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 yo	our prescriptions?		
□ Pick up at House of Wellness	Pharmacy in Baraboo		
□ Pick up at Heath Care Center	·		
☐ Mail (if you are a non-tribal n	nember, please contact the ph	armacy to provide credit card information for co	o-pays)