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