We are always accepting new patients.

Fill out the form below and return to the pharmacy. We'll take care of the rest!

First Name

Last Name

Date of Birth

Personal Healthcare #

Current Pharmacy Name

Current Pharmacy Phone #

- I consent to sending this information to The Medicine Shoppe Pharmacy.
- I understand that some prescriptions cannot be transferred.

OR scan the QR code to fill out the transfer form online.

The Medicine Shoppe® PHARMACY