

# Ireland Army Health Clinic Pharmacy Service Email Request Form

*\*REQUESTS MUST BE MADE BY 12 PM FOR SAME DAY SERVICE\**

\*Medications not picked up within **10 (ten)** business days will be returned to stock\*

For **NEW** prescription requests only -- For all prescription **Refill** requests please call **1-800-440-7058**

*\*Only one patient per form\**

Patient's DoD ID Number

Patient Name:   
Last Name, First Name Middle Initial

Patient Date of Birth:

Medication Allergies:

Cell Phone Number:

☐ Receive Text Message

☐ Receive Voice Message

Number of **NEW** prescriptions requested:

Medications Requested:

## **For Prescription Transfers:**

Please complete the following information to have prescriptions transferred to IRAHC Pharmacies

Name of pharmacy where prescriptions were last filled:

Pharmacy Phone Number:

Medications Requested:

Pickup Location: ☐ Binter Street Pharmacy \*\*  
☐ Clinic Pharmacy

\*\*Retired Service Members / Retired Service Family Members  
Prescriptions must be processed at the Binter Street Pharmacy

**\*\* Please be aware, sending Personally Identifiable Information (PII) via email cannot be guaranteed to be secure!**

Type your  
Initials

**\*\* I understand and I am aware that transmitting Personally Identifiable Information (PII) by email is  
unsecure and could pose a risk \*\***

Save form, Fill out, and email to **usarmy.knox.medcom-irach.other.pharmacy@health.mil**