

IRAHC Pharmacy Service

REQUESTS MUST BE MADE BY 12 PM FOR SAME DAY SERVICE

Medications not picked up within **Fourteen (14) 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 or Sponsors Last 4

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!**

****I understand and I am aware that transmitting Personally Identifiable Information (PII) by email is insecure and could pose a risk.****
Type your Initials

Click to E-Mail ** usarmy.knox.medcom-irach.other.pharmacy@health.mil