

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.

Only one patient per form

Patient's DoD ID Number or Sponsors Last 4

Date of Birth

Patient Name:

Last Name,

First Name

Middle Initial

Cell Phone Number:

Receive Text Message

Receive Voice Message

of Scripts

On post Provider

Medication Allergies:

Off post Provider

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

usarmy.knox.medcom-irach.other.pharmacy@mail.mil