



**Samy's Drugmart Fennell**  
**1-550 Fennell Ave, E, Hamilton ON**  
**Tel: 905-383-2273 Fax: 905-389-2273**

### Prescriptions Transfer Request

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dear Pharmacist,

This is a **profile transfer** request for a mutual patient to our pharmacy. Please transfer **complete medication profile with or without repeats.**

- 1) Last name of patient: \_\_\_\_\_
    - a. First Name: \_\_\_\_\_
    - b. Date of Birth: \_\_\_\_\_
    - c. Sex: Male or Female
    - d. Health card #: \_\_\_\_\_ Version \_\_\_\_\_
    - e. Patients address on file: \_\_\_\_\_
- \_\_\_\_\_

Patient Consent Statement:

I hereby authorize your pharmacy to have my profile transferred to Samy's Drug Mart Fennell with immediate effect.

Pharmacist on duty: **Patel,P**  
License No: **627562**

Patient's Signature: \_\_\_\_\_

**Fax: 905-389-2273**