UNIVERSITY ORAL SURGERY CENTER
Prescription Request Form

Please fill out the following information completely and **legibly** for prescriptions. According to state regulations, we can only submit prescriptions electronically to a designated pharmacy. In case your pharmacy does not carry the prescribed medication(s), prescriptions may be transferred, or a new prescription may need to be submitted to another pharmacy. This information may be used for future prescriptions if necessary, unless we are informed otherwise.

Patient's Name:

Patient's Address: Apt.
City State Zip

Patient's date of birth:

Phone number: Mobile Home

Pharmacy name:

Pharmacy Address:

City State Zip code

Pharmacy phone number: