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Fax: 414-433-0292  
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## PRESCRIPTION TRANSFER LIST

To facilitate the transfer of your prescriptions to Surety Pro Pharmacy, please supply us with a list of your current prescriptions along with the telephone number of the pharmacy where the prescription is filled. This information can be found on your current prescription label.

Prescription Number	Pharmacy Telephone #
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____

Please provide us with the name and telephone number of the individual who completed this form for any questions that the pharmacy might have.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Telephone Number

**Return this form either via mail, fax, e-mail or leave it with the receptionist  
at the front desk where the resident resides.**