



My CHS Rx prescription transfer form for employees and dependents under 18

Instructions:

- Complete this form to enroll yourself and your dependents under 18 in My CHS Rx Pharmacy
- Each dependent 18+ must complete and submit a separate form for him/herself. As a Catholic Health employee, you can download a PDF of that form under the "Get started" tab at <http://intranet.chsli.org/my-chs-rx>
- Submit completed forms to My CHS Rx via fax or email
- If you need your medication the next day, please call us directly

Your enrollment information:

Your name: _____
 Employee #: _____ Your birth date: _____
 Your home address: _____

 Cell: _____ E-mail: _____
 List your allergies: _____

Enrollment information for dependents under 18:

Relationship to you	Name	Date of birth	Allergies

Prescription transfer information:

Current pharmacy name: _____
 Current pharmacy address: _____

 Current pharmacy phone number: _____

Medications to transfer to My CHS Rx:

Medication name	Rx #

Delivery options:

I will pick up my prescriptions at the following inpatient pharmacy

- | | | |
|---|--|---|
| <input type="checkbox"/> Good Samaritan University Hospital | <input type="checkbox"/> St. Catherine of Siena Hospital | <input type="checkbox"/> St. Francis Hospital & Heart Center® |
| <input type="checkbox"/> Mercy Hospital | <input type="checkbox"/> St. Charles Hospital | <input type="checkbox"/> St. Joseph Hospital |

Additional options:

I work at one of the following locations and prefer delivery to my workplace

- | | |
|---|--|
| <input type="checkbox"/> Catholic Health, Rockville Centre | <input type="checkbox"/> DeMatteis Center, Greenvale |
| <input type="checkbox"/> 2200 Northern Boulevard | <input type="checkbox"/> South Bay Cardiovascular |
| <input type="checkbox"/> I work remotely or at a Catholic Health location not listed above and prefer home delivery | |

Employee/Patient Signature

Date