

**Creighton University Campus Pharmacy Prescription Delivery and Waiver Form**

Please fill out **both** pages of this form and fax to 402-449-4531, email to [cumclinicpharmacy@creighton.edu](mailto:cumclinicpharmacy@creighton.edu), or bring to the pharmacy (2nd Floor North Doors, CHI Health Clinic Building 24th & Cuming)

Please complete the entire form (both pages):

Name: \_\_\_\_\_

If this is a family member, Creighton Faculty/Staff name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home or Cell Phone # (please give the number you are most easily reached at): \_\_\_\_\_

Campus Phone #: \_\_\_\_\_

Campus Address/Mailbox: \_\_\_\_\_

Prescription Insurance Information:

\_\_\_\_\_ Creighton Health Insurance

Member ID #: \_\_\_\_\_

\_\_\_\_\_ Other Health Insurance: Please fax or email us a copy of your card.

If you would like us to transfer your prescriptions from another pharmacy please fill in the following information (Please print.):

Name, location, and phone number of your current pharmacy:

\_\_\_\_\_

\_\_\_\_\_

Medications and/or Prescription numbers that you would like transferred to CUMC Pharmacy:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Creighton University Campus Pharmacy Phone - 402.449 .4560 Fax - 402.449.4531  
Email - [cumclinicpharmacy@creighton.edu](mailto:cumclinicpharmacy@creighton.edu)