

LAHC PHARMACY SERVICES - Prescription Drop-Off Form

ATTENTION

All prescriptions require 5 business days for processing.

****Patient should only fill out the *Yellow Highlighted* sections****

One Form Per Patient

Date _____ Time _____ Pick Up Time _____ Submitted By Initials _____

☐

ERX

☐

Lyster

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FAX

(STAFF USE ONLY)

Number of Scripts _____

- Prescriptions/drop-off forms are accepted 0730-1530, Monday - Friday
- Park & Pick Up times are 0730-1615, Monday - Friday
- Hours exclude holidays & training days. Pharmacy Phone: 334-255-7178/7175
- Prescriptions require 5 business days for processing.

***Full Name of Patient** _____

***Patient's Date of Birth** _____ ***Sponsor's Last Four** _____

***Cell Phone Number** _____ ***Cell Phone Carrier** _____

***Is patient pregnant or breastfeeding?** _____

***Does patient have any allergies to any medications?** _____ If yes, please list medications: _____

*In the event that it is necessary to contact your provider for any additional information or clarification, the turnaround time may be delayed as we cannot predict when an office will return our call.

Drug/Strength

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Drug/Strength

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

How to Initiate Getting Your *NEW* Prescriptions Filled



Because prescription labels do not print automatically when a prescription is sent by your doctor, you will need to let us know that you have a medication that needs to be filled by completing a **Pharmacy Drop-Off Form**.

The form notifies us to fill the prescription, the following options are available for you to initiate this process.

1. You may visit the clinic and fill out a Pharmacy Drop-Off Form.
*****This is the only option for physical prescriptions*****
2. Fill out the form & submit through <https://app.tolsecuremessaging.com>

If using Secure Messaging, <https://app.tolsecuremessaging.com>


Complete the form, save to your device or take a photo of the completed form, and then upload, using the paperclip icon after you start “Compose a Message”.

Note: “Pharmacy New Prescription Drop-Off” must be added to your Provider list to send your request to the pharmacy, same as messaging your PCM.

Secure Messaging is mobile friendly.

If you need assistance setting up your TOL or Secure Messaging, please contact the 24/7 Customer Service at 866-309-4138 or Lyster Patient Educator at 334-255-7038.



 Submit the form through the Secure Messaging tab. Use the “Message” option to compose a message, attach the form, and submit.