



# General Information On Prescription Refills

Student Health Center  
Cedar Falls, IA 50614-0221  
P-(319) 273-2154 F-(319) 273-5101

M-F 8:30 to 5:00 W 9:30 to 5:00  
Closed daily for lunch 12:30 – 1:00  
and on all University Holidays

At the University of Northern Iowa, we offer a full service pharmacy for our students. If you would like to fill a prescription at UNI that you are currently receiving from a different pharmacy, please use one of the suggestions below:

- You may contact your doctor for a new prescription. This may be a written prescription that you bring into the UNI pharmacy. Also, your doctor may call certain prescriptions into the UNI pharmacy at (319) 273-2154 or fax it to us at (319) 273-5101.
- You may see a provider at the Student Health Center to receive a written prescription. The providers may ask for a plan of care from your physician at home or your old container to verify the name and strength of your medication.
- You may bring in your old container to the UNI pharmacy. We will call your previous pharmacy to transfer the prescription. Please allow for at least 30 minutes for this process.
- You may call the UNI pharmacy with the following information – your name, date of birth, & student ID; the name & phone number of the previous pharmacy; name of medication; and prescription number. Our pharmacist will then call the pharmacy to transfer your prescription. You may also use the tear off form below.

Thank you for your interest and we look forward to meeting your prescription needs while you attend the University of Northern Iowa. Please visit our website at [www.unipharmacy.com](http://www.unipharmacy.com) for more information about our pharmacy. Thank You!

- The UNI Pharmacy Staff

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## UNI Pharmacy Prescription Transfer Form

Please complete with information from your current pharmacy & present to the UNI pharmacy with your insurance card.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ City: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_

Medication: \_\_\_\_\_ Prescription Number: \_\_\_\_\_

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Medication: \_\_\_\_\_ Prescription Number: \_\_\_\_\_

**Receive a free ID holder/key chain when you present this form to the UNI pharmacy**