

This section PHARMACY USE ONLY:

Approved _____

Not Approved _____ (sent to HIM for verification)

Pharm/Date _____

Kickapoo Tribal Health Center Pharmacy

WinRx Connect/Rx2Go App

REQUEST TO ACTIVATE FAMILY MEMBER(S)

Even if you do not have a chart at KTHC, WinRx/Rx2Go has the capabilities to activate your child's account, so that you may request refills through the online/app tool.

Please complete the following to activate a family member(s) KTHC Pharmacy WinRx/Rx2Go app account:

I, _____, am requesting to activate the following family member(s)
Print Name

WinRx/Rx2Go account:

Name/Relationship

Date of Birth

Name/Relationship

Date of Birth

Name/Relationship

Date of Birth

Name/Relationship

Date of Birth

Name/Relationship

Date of Birth

Requestor Signature/date of birth

Date

Email: _____

Phone #: _____

Once Right to Access and Consent for Release of PHI to Authorized Representative has been verified, the family member(s) will added to your account.

Please return completed form to the pharmacy department or submit by the following:

Pharmacy Fax: (405) 964-5968

Pharmacy Email: refills@okkthc.com

Pharmacy Mailing Address: PO Box 1059, McLoud Ok 74851