



St. Vincent de Paul Charitable Pharmacy
1125 Bank St., Cincinnati, OH 45214-2130
Mike Espel, RPh, Pharmacy Director
Phone: (513) 562-8841
Fax: (513) 345-1779
mespel@svdpcincinnati.org



REFERRAL TO CHARITABLE PHARMACY

Directions: Please complete the form letter below and fax to (513)345-1779. A patient advocate from St. Vincent de Paul Charitable Pharmacy will contact the potential patient to determine eligibility and create an appointment for certification into the charitable pharmacy program. **If you are a physician's office with sample prescription medications to donate, please check the box below.**

Referring Provider Name: _____

Organization: _____

Phone: _____ Fax: _____

I represent a physician's office which may be able to donate sample prescription medications. Please have a St. Vincent de Paul patient advocate contact me to schedule a time for donation pick-up.

Dear Patient Advocate,

I have been in contact with someone who has indicated a need for free pharmacy services which may be available through your charitable pharmacy program. I feel this person may be eligible for one of the following reasons:

- Uninsured
- Cannot afford Medicare copays
- Cannot afford Medicaid spend down
- Cannot afford insurance copays
- Other: _____

Patient Name: _____ Date of Birth: _____

Phone: _____

Address: _____

For questions about certification, contact Patient Advocates:

La Keisha Worthy: 513-562-8841 ext. 228
Becky Murillo: 513-562-8841 ext. 230

email: lworthy@svdpcincinnati.org
email: bmurillo@svdpcincinnati.org

For questions about pharmacy services or to request a digital copy of this form, contact our pharmacists:

Rusty Curington, PharmD: 513-562-8841 ext. 220
Mike Espel, RPh: 513-562-8841 ext. 266
Lydia Bailey, PharmD: 513-562-8841 ext. 267

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