



St. Vincent de Paul Charitable Pharmacy
 1146 Bank St., Cincinnati, OH 45214-2130
 Rusty Curington, PharmD, BC-ADM
 Director of Pharmacy
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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 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 services which may be available through your program. I feel this person may be eligible for one of the following reasons:

- Uninsured
- Unaffordable Medicare Part D copays
- Unaffordable private insurance copays
- Cannot afford a primary care physician
- Needs assistance applying for Medicaid, Medicare, or federal Marketplace insurance
- Other: _____

Patient Name: _____ Date of Birth: _____

Phone: _____

Address: _____

For questions about certification, contact Patient Advocate Manager: 513-562-8841 ext. 223

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

Rusty Curington, PharmD: 513-562-8841 ext. 968
 Lydia Bailey, PharmD: 513-562-8841 ext. 963

email: rcurington@svdpcincinnati.org
 email: lbailey@svdpcincinnati.org