THMP Temporary Out of State or Extra Medication Request Form Fax to 512-989-4003

If you need an early or extended supply of medications, please fill out this form and fax to the number above. THMP can provide limited exceptions to the normal ordering schedule. You must be in Texas to pick up your 90-day supply.

day supply.		•
Name: D.O.B.	THMP ID #:	
Give the date of your departure and the for your temporary departure (temporaring for sick family, migrant work, endications were lost or damaged, endications	rary job assignment, seasor etc.) or why you need an ea	nal work,
Date of Departure:	Date of Return:	
(Choose One)		
\square 3 Month Supply (at normal time)	☐ Early Refill (on	ne month)
Reason:		
If you are a student attending an out of state university you must submit proof of enrollment <u>and</u> proof of ADAP denial from the state where you will attend school. This may allow monthly medication access through THMP at an out of state pharmacy based on your eligibility.		
Based on your birth month recertificat upon your return to Texas. It is your r to maintain access to medications whi the event that you remain out of state required to fully reapply including curr	responsibility to recertify yo le you are temporarily out d e longer than 90 days you n	ur eligibility of Texas. In nay be
Client Signature:	Date:	
Notification Contact Phone Number: _		
To be completed by THMP Staff:		
ADAP Early Refill (one month)		
ADAP 3-month supply (at normal time)		
Ramsell Out of State Monthly order	Approved Denied	<i>1</i>