

PRESCRIPTION PICK-UP AUTHORIZATION

The following requirements MUST be met to pick up a prescription for the patient, or patients' authorized representative:

- 1. Present valid Driver's License or State Issued Identification (ID) Card
- 2. Sign statement below to act on patients' behalf

Patient

Patient Name: _____ Patient DOB: _____

Signature: _____ Today's Date: _____

Authorized Person

Name of Person Authorized to Pick-Up Relationship to Patient

Signature: _____ Today's Date: _____

Medication(s)

Medication(s)	Quantity

FOR OFFICE USE ONLY: Orlando Kissimmee

Provider or MA Signature: _____ Date: _____