

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

MM/DD/YYYY

Patient Name:

Patient DOB:

MM/DD/YYYY

Signature:

Today's Date

Authorized Person

Name of Person Authorized to Pick-Up

Relationship to Patient

MM/DD/YYYY

Signature:

Today's Date

Medication(s)

Medication(s)	Quantity

FOR OFFICE USE ONLY

Orlando Kissimmee

MM/DD/YYYY

Provider or MA Signature

Date

Updated 08/25/2022 - F46 - V1

