PRESCRIPTION PICK-UP AUTORIZATION

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

☐ Clermont ☐ Lake Nona ☐ Kissimmee ☐ Orlando ☐ Oviedo

Provider or MA Signature _____ Date _____

Updated 01/14/2026 - F46 - V2

OUR OFFICE LOCATIONS

407 652 6000
407 203 3015

12617 Narcoossee Rd, Suite 112, Orlando FL 32832
2881 Delaney Ave, Orlando FL 32806
805 Oakley Seaver Dr, Suite 103, Clermont FL 34711
821 E Oak St, Kissimmee, FL 34744
1300 City View Center, Oviedo 32765

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