

**Permission to Pick Up**

I, \_\_\_\_\_, authorize \_\_\_\_\_ to pick up  
\_\_\_\_\_ on my behalf.

Patient Signature \_\_\_\_\_ Date/Time: \_\_\_\_\_

Witness \_\_\_\_\_

---

I am picking up \_\_\_\_\_, for patient, \_\_\_\_\_.

Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Witness \_\_\_\_\_

\*\*\* Please remember to copy or scan the ID of the person picking up the Rx and put this in the patient's chart\*\*\*

White Copy: Office      Yellow Copy: Person Picking Up