



**AUTHORIZATION FOR RELEASE  
OF  
PRESCRIPTION MEDICATIONS**

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(Provider)

to release my prescriptions to \_\_\_\_\_, in the  
event that I am unable to pick up my prescriptions.

\_\_\_\_\_  
Printed Name of Patient or Personal Representative      Date

\_\_\_\_\_  
Signature of Patient