



CARRBORO FAMILY MEDICINE CENTER, P.A.

Patient Centered. Community Based.

PRESCRIPTION PICK-UP AUTHORIZATION FORM

The following requirements must be met to pick-up prescriptions. This policy is designed to protect patient privacy according to the guidelines set in the Privacy Act of 1974. Prescription(s) cannot be released until the following conditions are met.

REQUIREMENTS:

1. Possess and present a valid photo ID card (DD Form 2)
2. Be in possession and present the patient's ID card (DD Form 2, or a copy of the same to include the front and back of the card).
3. Have the bottom statement signed by the patient authorizing the representative to act on his/her behalf for this purpose. Pharmacy staff must verify signature by comparing it with patient's actual ID card the first time this form is presented to the pharmacy. Staff member will initial below after such verification.
4. For Dependent Children (18 years old and below): the parent or legal guardian may pick-up the medication(s) with their own ID card. Anyone else acting as the patient representative must meet requirement 1, 2, and 3 before prescription can be released.

AUTHORIZATION STATEMENT:

I, _____, hereby authorize, _____
to pick up my prescriptions.

Print Or Type Name

Sign Name

Copy of Front of ID card Below

Copy of Back of ID card Below

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