

# CONSIDER IT DONE ERRAND & CONCIERGE SERVICES

## Pharmacy-Prescription Pick-up Authorization

I, \_\_\_\_\_, authorize \_\_\_\_\_,  
A staff member of Consider It Done Errand & Concierge Services, to pick up my  
prescription medications being filled at \_\_\_\_\_, which is  
located at \_\_\_\_\_, and deliver  
the prescribed medications to me. I understand that my agent or patient representative  
MUST present my ID, including but limited to a State Drivers License, and/or my  
insurance card (original or a clear copy) with this authorization form as proof of my  
eligibility. These items must be presented each time my agent or patient representative  
picks up my medications as proof of authorization. I also authorize you to provide  
instructions to my agent or patient representative regarding how my medication should  
be taken (i.e. medication should be taken with food, drink plenty of water, medication  
may cause dizziness, etc). Listed below are the medications that should be picked up  
during this visit to your location. Should you have any questions, please feel free to  
contact me at the phone number you have on file.

List of medications:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date signed