



## The Seattle Arthritis Clinic

### Release for prescription pick-up

If our physicians prescribe to you any third-tier medications or narcotics, the pharmacies require that you pick up a hand written and signed copy of the prescription at our office and then take it to the pharmacy to be filled. This form allows anyone other than yourself to pick this up for you.

**I, \_\_\_\_\_, (date of birth) \_\_\_\_\_  
do hereby give my permission for:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(name) (date of birth) (relationship)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(name) (date of birth) (relationship)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(name) (date of birth) (relationship)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(name) (date of birth) (relationship)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(name) (date of birth) (relationship)

**To pick up my prescription(s) from The Seattle Arthritis Clinic.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**