

GOODFELLOW AFB CLINIC
RELEASE OF PRESCRIPTION CONSENT FORM

I, _____, _____, do hereby authorize _____ to pick up prescriptions for myself at the Goodfellow AFB Clinic Pharmacy. I have provided them with my military ID card (or a copy of the same to include the front and back), which they must show with this form. They are required to present a photo ID card prior to receiving my medications. In addition they assume full responsibility for the safety and security of the medications received. I understand that in having a representative to act on my behalf, I waive my right to receive medication counseling as guaranteed by the Omnibus Budget Reconciliation act of 1990.

Patient Signature

Date

Patient Date of Birth