Florida Medical Supply Pharmacy

5314-A Frank Hough Road Panama City, Florida 32404 1-850-785-1900

PRESCRIPTION PICK-UP/DELIVERY AUTHORIZATION

| Please note that | is/are authorized to |
|---|----------------------|
| receive and process all my prescription | |
| me. I understand that this agent(s) MU from the pharmacy as proof of delivery/packaged medications. | , , |
| (Patient's printed name) | |
| | |
| (Patient's signature) | |
| | / |
| (Patient's Social Security Number) | (Date Signed) |