



THE NATIONAL PRESCRIPTION DRUG PLAN

AUTHORIZATION TO RELEASE MEDICATION TO A REPRESENTATIVE

NOTE: Representatives must present this form along with the National Prescription Drug Plan A.C.E. Rx Card of the person on whose behalf they are acting and their own proof of identification, i.e., valid passport, driver's license or voter's card.

(Please note that a hand written letter of authorization can be used in lieu of this form.)

I, _____, of _____ street address

N.I.#

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 do hereby authorize

_____ to release my medication to
name of pharmacy

(Mr./Mrs./Miss): _____ who is my representative/agent.

I also hereby agree that in granting this authorization to release my medication(s) to my representative/agent, I release your pharmacy from any responsibility for my receiving it/them.

PARTICULARS OF REPRESENTATIVE

NAME: _____

NI# _____ P. O. BOX: _____

STREET ADDRESS: _____

PHONE CONTACT: Home: _____ Work: _____ Cell: _____

Signature or mark of Drug Plan Beneficiary: _____

Witness: _____ Date: _____

Address of Witness: _____