



whitfelddrugs.ca

whitfield drugs

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Whitfield Drugs Consent Form to Release Information Or Prescriptions

Please complete the following form to have documents or prescriptions picked up by a family member.

I, _____
Full Name - Please Print:

Date of Birth M/D/Y: _____

Signature _____

Person Designated To Pick-Up

Name: _____

Date of Birth M/D/Y: _____

Authorization and permission to pick up the following: (check one)

_____ Prescription Medication and/or medical devices

_____ Documentation - Please specify: _____

_____ Medical advice or information related to my health.

Date: _____