Ohio County PAIN CARE

Ohio County Pain Care
1215 Old Main St.
Hartford, KY 42347

Physician Name

Authorization for Prescription Pick-Up

I, _____ authorize the following person(s) to pick up my prescriptions for me.

1. _____ relationship _____
2. _____ relationship _____
3. _____ relationship _____
4. _____ relationship _____

Signature of Patient: _____ Date: _____

**** Please Note: The person picking up the prescription will be required to sign their name and show picture identification. ****

Date & Time	Printed Name	Signature	Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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