

# Errands2Run

## Pharmacy-Prescription Pick-up Authorization

I, \_\_\_\_\_, authorize \_\_\_\_\_,  
A staff member of Errands2Run, to pick up my prescription medications being filled at  
\_\_\_\_\_, which is located at \_\_\_\_\_,  
and deliver the prescribed medications to me. I understand that my agent or patient  
representative MUST present my ID, including but not limited to a State Drivers License,  
and/or my insurance card (original or a clear copy) with this authorization form as proof of  
my eligibility. These items must be presented each time my agent or patient representative  
picks up my medications as proof of authorization. I also authorize you to provide  
instructions to my agent or patient representative regarding how my medication should be  
taken (i.e. medication should be taken with food, drink plenty of water, medication may  
cause dizziness, etc). Listed below are the medications that should be picked up during this  
visit to your location. Should you have any questions, please feel free to contact me at the  
phone number you have on file.

List of medications:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date signed



When You Can't Get It Done... Call Errands2Run.

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