

# *Rapid Rx Delivery*

## **'Prescription Medical supply delivery 'release of liability form'**

For Rapid Rx to pick up your prescription from a pharmacy,  
we will need the following information-

NAME - \_\_\_\_\_

DOB/Date of Birth - \_\_\_\_\_

TELEPHONE - \_\_\_\_\_

HOME ADDRESS - \_\_\_\_\_

NAME/ADDRESS OF PHARMACY - \_\_\_\_\_

PHARMACY TELEPHONE - \_\_\_\_\_

Please sign this authorization below -

"I" \_\_\_\_\_ "

(print name)

authorize Rapid Rx Delivery to pick up my prescription from my  
Pharmacy - \_\_\_\_\_

x - \_\_\_\_\_ - date - \_\_\_\_\_

signature