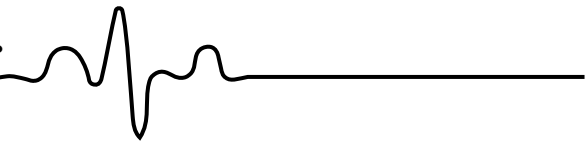




**Dr. Mani Khoshnejad, M.D.**



**Permission to Pick Up Triplicate Prescription**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, give permission forth person(s) listed below to pick up my triplicate prescription with the understanding the designated person will be the only other individual that may pick up my prescription other than myself. I also understand that neither Dr. Khoshnejad nor his staff will be held responsible if my prescription is lost, stolen, destroyed or expired. In the case this situation occurs, I understand that I will have to pay a service fee to replace the original prescription and/or wait until my next refill is due with NO EXCEPTIONS.

\_\_\_\_\_  
Name of Designated Person (please print) (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Designated Contact Number

\_\_\_\_\_  
Name of Designated Person (please print) (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Designated Contact Number

\_\_\_\_\_  
Name of Designated Person (please print) (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Designated Contact Number

\_\_\_\_\_  
Patient Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please advise that any person(s) picking up triplicate prescription(s) must be 18 years of age or older and are required by law to present a valid, government issued, photo I.D. to the pharmacy before being authorized to obtain the medication.*