Trilplicate Prescriptions - Proxy Consent Form

I ____________________________ Give ____________________________ permission to pick up my “triplicate prescription” that is written for me by the Primary Medicine of North Texas staff.

Please read and initial by each item.

1. _____ I understand that the above proxy will be chosen to pickup my controlled substance prescription (example: Methadone, Adderall, etc.) for me and that Primary Medicine of North Texas and/or Dr. Hernandez have the final authority on my choice.

2. _____ I understand that the above proxy is in effect until other proxies are identified OR this document is rescinded and that this document can be rescinded by EITHER me, Primary Medicine of North Texas and/or Dr. Hernandez.

3. _____ I understand that my proxies are held to the same level of responsibility I am in delivering my triplicate prescription to me and keeping it secure from being lost or stolen.

4. _____ I understand that if I choose to have my proxy pick up my triplicate prescription ans i subsequently do not receive the triplicate prescription, the prescription WILL NOT be replaced and the proxy will be reported to the authorities for theft and diversion of a controlled substance.

5. _____ I understand that my proxy is required to present photo ID (such as a Drivers license) when picking up my triplicate prescription.

6. _____ I understand that if my proxy and i do not follow these policies my patient status at Primary Medicine of North Texas may be terminated.

Patient Signature ____________________________ Date __________________