Jason's CanadaDrugstore.com

Consent to Receipt of Medications in Non-Child Resistant Containers

I hereby request that all medications provided to me shall be delivered and received in a non-child-resistant container. I am not able to use child resistant containers because:

_____

_____

_____

_____

Patient Name (Print): _____

Signature:

_____

Dated: _____

Optional: (If Power of Attorney has been granted then please fill out the following information)

Power of Attorney Name (Print): _____

Signature:

_____