

OU Health Services Pharmacy Prescription Pickup Form

This form must be completed if you wish someone else to pick up your prescription.

Patient Name _____ (Please print) OU ID # _____
or Social Security # _____

Patient Signature _____ Date _____

Name of Person Picking up Prescription _____
(Must bring photo ID)

This form may be faxed to OU Health Services Pharmacy (325-0153) or brought in person.