|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT INFORMATION** | | | | | | | | |
| Patient Name: (Last, First, Middle) | | | | | | | My Health LA ID: | |
|  |  | | | |  | |  | |
|  |  | | | |  | |  | |
| DOB: | | Gender: (Please check one)  Male   Female | | | | Allergies: | | |
| Address: | | | Suite, Floor, or Apt. # | | | | | |
|  | | |  | | | | | |
| City: | | | State: | | | | | ZIP Code: |
|  | | |  | | | | |  |
| Home Phone #: | | Mobile Phone #: | | | | Language Preference: | | |
|  | |  | | | |  | | |
|  | | |  | | | | | |
| **CLINIC INFORMATION** | | | | | | | | |
| Clinic Name: | | | | Provider Name: | | | | |
|  | | | |  | | | | |
| Address: | | | | | | | | |
|  | | | | | | | | |
| City: | | | State: | | | | | ZIP Code: |
|  | | |  | | | | |  |
| Phone #: | | | Fax #: | | | | | Email: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DELIVERY PREFERENCE** | | | | | |
| Specialized Packaging: (Please check one) | Safety Cap | | | **OR** | No Safety Cap (Easy Open Lid) |
| Delivery Option (Please check one): | |  | | | |
| Patient Home | | | **OR** | Clinic | |

### Patient Attestation

### I understand, by my signature below, participation in the mailing program is voluntary and dependent upon providing a valid LA County address. Failure to provide a reliable address will disqualify me from the mailing program, and subsequently I will need to arrange for medication pick-up on my own. I also understand it is my responsibility to request medication refill(s) using the automated telephone refill system (IVR) in a timely manner.

### Additionally, I understand that it is my responsibility to update my address with the pharmacy if my preferred mailing address changes. By signing this consent form, I am indicating that I fully understand the attestation and that I agree to have prescriptions mailed to the address specified above.

**Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**