



The Seattle Arthritis Clinic

**Release for prescription pick-up**

I, \_\_\_\_\_, (date of birth) \_\_\_\_\_  
do hereby give my permission for:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(name) (date of birth) (relationship)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(name) (date of birth) (relationship)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(name) (date of birth) (relationship)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(name) (date of birth) (relationship)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(name) (date of birth) (relationship)

To pick up my prescription(s) from The Seattle Arthritis Clinic for the  
time period \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date