

I have read, understand and accept the following terms and conditions:

- I agree to allow Hutcheson Pharmacy to bill me for any prescription copays relating to my prescription medications, or any over-the-counter items I choose to purchase.
- I acknowledge that it is my responsibility to inform Hutcheson Pharmacy if and when I should need to change or cancel the delivery of my prescriptions.
- I consent to the release of personal and medical information to any third-party payer, government agency providing health/prescription benefits, or any other person/entity responsible for my treatment charges.
- I certify that the information contained in this application is true and correct.

Signature of Responsible Party: _____ Date: ____/____/____

Delivery Consent:

I hereby consent to allowing Hutcheson Pharmacy to deliver my prescription drugs to my place of employment and authorize Hutcheson Pharmacy to leave my prescriptions at my employer's main office in my absence. This consent will apply to all prescriptions dispensed by Hutcheson Pharmacy for me, indefinitely, unless revoked in writing at 1422 S Sam Houston Blvd, Suite 100, Houston, MO 65483.

Signature of Responsible Party: _____ Date: ____/____/____

**Please contact Hutcheson Pharmacy by phone to provide payment information prior to your first delivery*