



Non-Signature Delivery / Non-Safety Cap Authorizations

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Your Health Insurance Prescription Plan may require a signature confirmation when your medication is delivered. If you prefer not to sign for your package, please complete and return this form.

By signing below, you agree to the following:

1. I have requested the medication be filled by I Care Pharmacy.
2. I agree that standard delivery confirmation from the U.S. Postal Service will serve as an acknowledgment of receipt of my medication.
3. I will pay any co-pays incurred as outlined in my welcome letter.
4. I assume all responsibility to report any damaged, lost, and/or stolen packages to the U.S. Postal Service.
5. This agreement will remain in effect until either party gives verbal or written notice to revert to U.S. Postal Service signature confirmation delivery.
6. Schedule 2 controlled substances will ALWAYS require a signature for delivery.

Your prescriptions will remain signature confirmation as required until this form is returned to us. Please contact us with any questions.

Printed Name: _____ Date of Birth: _____

Signature: _____ Today's Date: _____

NON-SAFETY CAP AUTHORIZATION

Federal regulations require that most medications be packaged with child-resistant "safety" caps. Your signature below indicates your desire to have medications dispensed with **easy open caps**.

Signature: _____ Today's Date: _____

PHARMACY USE ONLY

After updating the patients' record, initial and date and forward to the Patient Care Coordinator.

Messages: Non-Sig _____ Additional Info: Safety Cap _____ Initials _____ Date _____

Revised December 4, 2019