



Please cross out the individual options if they do not apply to you. Please sign to confirm.

Please note, however, that we are not allowed to forward any prescriptions etc. to other people or pharmacies without a signature!

### **Consent to external collection**

Prescriptions, referrals, findings, certificates/reports, etc.

Name of the patient (+ possibly supervisor):
First name
Date of birth:

I hereby authorize the following persons, until further notice, to issue prescriptions, referrals, findings, certificates/reports in the practice of Dr. J. Neumaier to pick up :

Name, first name, date of birth

I allow, until further notice, that the practice of Dr. J. Neumaier , at my request will forward the prescriptions I have ordered to the pharmacy of my choice (by fax) so that I can be supplied by them. I or the respective pharmacy must ensure that the original is transported.

Name und location of pharmacy

OR:

I allow, until further notice, that the Medicon Apotheke, Neumühle 2, at my request, dispense medication orders (prescriptions) I have ordered in the practice of Dr. J. Neumaier can pick up.

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location, date, signature