



Creekside Pediatrics
6095 Professional Parkway
Suite 100
Douglasville, GA 301345607
Phone: (770)920-2255
Fax: (770)920-9963

CHILD'S NAME:

_____, _____
 (LAST) (FIRST)

DOB: _____

June 25, 2012

We, the providers at Creekside Pediatrics are requiring the parent of patients to pick up prescriptions for controlled substances, which include ADD/ADHD medications.

If the parent is not available to pick up the prescription, we ask that you provide the person you are sending a letter of authorization stating that this person may pick up your child's medication. Please complete the following form for the physician to keep on file or send the form with the person picking up the prescription each visit.

I, _____, parent of _____
 (print parent name) (print child's name)

Child's Date of Birth: _____

authorize _____, _____
 (print person picking up prescription) (relationship)

to pick up my child's controlled substance prescription in my absence.

Name of medication: _____ strength _____

If there are any questions, I can be reached at: _____

_____ I allow Creekside Pediatrics to keep this form on file

_____ I will provide this letter with the representative picking up the prescription each visit

Signature: _____ Date; _____

Witness: _____, _____
 (signature) (printed name)