



THE UNIVERSITY OF
SOUTHERN MISSISSIPPI.

MOFFITT HEALTH CENTER

118 College Drive #5066 | Hattiesburg, MS 39406-0001

Pharmacy Phone: 601.266.4075 | Clinic Phone: 601.266.5390 | Fax: 601.266.4205
clinicadmin@usm.edu | www.usm.edu

Prescription Delivery Request & Consent

Moffitt Health Center Pharmacy

Patient Name: _____

USM ID Number: _____

Delivery Location (Campus Building & Room Number): _____

Cell Phone Number: () _____ **Campus Phone Number:** () _____

By signing below, I am providing my consent to have the above prescription(s) delivered to the location provided by me.

Note: Controlled substances cannot be delivered to the employee. Employees must visit the pharmacy for these medications.

Further, I understand the following:

1. I agree to allow this prescription(s) to be delivered to the designated campus location to the patient who will sign for the receipt of the medication.
2. I agree to this prescription(s) being delivered by a pharmacy courier who has been HIPAA trained in a white bag marked only by the patient's name and address.
3. I agree that it is my responsibility to inform the Moffitt Health Center Pharmacy if and when I should need to change or cancel the delivery of my prescription(s).
4. I agree to allow the Moffitt Health Center Pharmacy to charge all balances relating to the delivered prescription(s) to my credit card prior to delivery via phone.

I have read and understand the above risks and requirements and do hereby grant my consent for the Moffitt Health Center Pharmacy to deliver my prescription(s) to the location provided above.

Patient Signature

Date

Witness

Date

Please hand deliver this form to our Pharmacy.