

Limited power of attorney for third persons collecting medicines at a pharmacy

This limited power of attorney form should be presented in pharmacies.

I, the undersigned, _____ ID No.: _____

Hereby authorise the following person to collect a prescription on my behalf in a pharmacy:

_____ ID No.: _____

If this limited power of attorney is limited to a specific medicine(s) and/or a specific period of time, please describe:

Date and signature of grantor

Witness (date and ID No.)

Witness (date and ID No.)