RESTORE Rx SPECIALTY PHARMACY

5169 Brunswick Rd • Box 305 • Brunswick, TN 38014

877-388-0507 toll free • 901-388-0407 fax • www.restorerx.com

Authorization for Communication of Protected Health Information with Caregiver/Child/Spouse:

This Restore Rx authorization is for use if you wish to have a spouse, parent, adult child, or caregiver have access to your medical and health information on an on-going basis to assist with your care and maintain your information as well as authorize refills of your medication on your behalf.

I. Patient Information:

Patient Name: _____

Patient Signature: _____ Date: _____

Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: (____) _____

Email Address: _____

Name and phone number of local pharmacy you obtain most of your prescriptions from:

_____

II. Person Authorized to Receive Information from Restore Rx:

Representative Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: (____) _____

Email Address: _____ Relationship: _____

URAC ACCREDITED Specialty Pharmacy Expires 11/01/2022

ACHC ACCREDITED

Please retain a copy for yourself and mail the original to: Restore Rx, Inc.,
5169 Brunswick Road, Box 305, Brunswick, TN 38014
Phone (877) 388-0507 | Fax (901) 388-0407