

## Triplicate Prescriptions – Proxy Consent Form

I \_\_\_\_\_ give \_\_\_\_\_ permission  
to pick up my triplicate prescription that is written for me by Gruene Lake Medical.

**Please read and Initial by each item. The Texas Prescription Program should be contacted immediately at (512) 424-2189 if there are any questions or suspected violations.**

1. \_\_\_\_\_ I understand that the above proxy will be chosen to pick up my controlled substance prescriptions for me and that Gruene Lake Medical has the final authority on my choice.
2. \_\_\_\_\_ I understand that it is up to me to notify Gruene Lake Medical if I want to term this proxy relationship. This proxy will remain in effect until other proxies are identified or this is rescinded by the patient or Gruene Lake Medical.
3. \_\_\_\_\_ I understand that my proxies are held to the same level of personal responsibility as I am in delivering my triplicate prescription to me and keeping it secure from being lost and stolen.
4. \_\_\_\_\_ I understand that if I choose to have my proxy pick up my triplicate prescriptions and I subsequently do not receive the triplicate prescriptions, the prescriptions will not be replaced and the proxy will be reported to the authorities for theft and violation of a controlled substance.
5. \_\_\_\_\_ I understand that my proxy is required to present photo ID and sign a log when picking up my triplicate prescription.
6. \_\_\_\_\_ I understand that if my proxy and I don't follow these policies in conjunction with the office prescription policy that my status as a patient at Gruene Lake Medical may be terminated

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_