



Tel: 1-888-700-1119
Fax: 1-866-773-2696
www.rxnorth.com

24 Terracon Place
Winnipeg, Manitoba, Canada
R2J 4G7

Authorization/Consent:

No prescription will be filled without a signed and dated copy of this form.

I, _____, am the mother/father/legal guardian of

_____. I hereby give my consent to Mediplan
(name of patient)

Health Consulting, Inc./RxNorth.com to provide _____
(name of drug)

to my daughter/son , _____ pursuant to the prescription

written by Dr. _____ and dated _____.

Signature of Parent/Legal Guardian

Signature of Witness

Date

Print name of Witness