

## Patient Written Consent and Authorization for Community Care Pharmacy Inc. (MyEasyDose.ca)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone : \_\_\_\_\_

Full Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize Community Care Pharmacy Inc. to process my medications. When necessary, my physician may be contacted on my behalf.

I, \_\_\_\_\_, authorize Community Care Pharmacy Inc. to package my medications in multi-dose packs using the MyEasyDose<sup>®</sup> system. I am aware that the MyEasyDose<sup>®</sup> system is NOT child safe packaging.

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

Parent/Guardian Name (If patient under 16 years): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Community Care Pharmacy Inc. (MyEasyDose.ca)**

3095 Forest Glade Dr, Windsor, ON N8R 1W6

Toll Free Phone: 1-855-962-5198

Local Phone: 1-519-948-2318

Fax: 1-519-948-7195

Web: MyEasyDose.ca

Email: pharmacy@myeasydose.ca