

## Pharmacy Pickup Form

Please make sure to fill in all sections marked with an asterisk (\*).

\*Client: \_\_\_\_\_ \*Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give permission for Access Sydney Community Transport (ASCT) to collect my prescription medication/s on my behalf.

\*Signature: \_\_\_\_\_

Please hand any of your prescriptions to the bus assistant with this form. If you require any additional over-the counter items, please put them in the table below.

| Item name | Quantity |
|-----------|----------|
|           |          |
|           |          |
|           |          |
|           |          |
|           |          |
|           |          |
|           |          |
|           |          |
|           |          |

### Acknowledgement of money transaction Staff member and client to complete

| Name of worker | Amount Received       | Worker signature & Client signature |
|----------------|-----------------------|-------------------------------------|
|                | \$                    |                                     |
| Client name    | Amount Total Returned | Worker signature & Client signature |
|                | \$                    |                                     |