



FREE CLINIC OF CULPEPER

MEDICATION ASSISTANCE PROGRAM

The Free Clinic of Culpeper can help patients, who qualify to come to the clinic, obtain medications from the pharmaceutical companies. We can help you with the paperwork that is required to obtain the medications you need. On most applications, the patient's signature is required, along with the prescribing doctor's signature. Copies of the income and federal taxes (if filed) are also required to be sent to the pharmaceutical companies.

By signing this agreement, you the patient, give your permission to the Free Clinic of Culpeper Pharmacy Coordinator to sign your name on the order form(s) in order to obtain medications. Your name will be signed only on medication orders that are specifically for you, as prescribed by your doctor here at the clinic.

AGREEMENT:

I give permission to the Free Clinic of Culpeper Pharmacy Coordinator, or her designee, to SIGN my name to the Medication Assistance applications for medications prescribed by my doctor at the clinic. I understand that I may CANCEL this agreement at any time and assume responsibility for signing my own forms.

PATIENT SIGNATURE

DATE

CLINIC REPRESENTATIVE SIGNATURE

DATE