



5750 Pineland Drive, Suite 280
Dallas, TX 75231
(469) 232-9902

Hours: Monday – Friday
9am – 2pm

Agent Authorization for Transport of Documents

If you are:

- 1) a patient who is unable to take your application for service to SVdP Pharmacy yourself, or
 - 2) a volunteer or agent who wishes to submit an application for service on behalf of a potential patient,
- You must submit a copy of this form with the completed application and copies of all necessary documentation. If the patient or agent has questions or concerns about submitting their documents, please contact the Pharmacy.

Patient Authorization

By my signature below, I authorize the person listed below to transport this information to SVdP Pharmacy for the purpose of submitting my application for service. I understand that this person does not work for SVdP Pharmacy and is completing this task on a volunteer basis. This person may transport my documents to the pharmacy, but will not be involved in the process of qualifying me for service.

Print Patient's Name _____

Patient's Signature _____ **Date** _____
(Or Signature of legal guardian)

Agent Acknowledgement

By my signature, I promise to transport the patient's completed application and documentation safely and directly to the SVdP Pharmacy location, taking reasonable precaution to not risk losing their sensitive or personal health information. I also promise to not make copies of their documentation or retain any of their records or application for any reason. I acknowledge that I do not work for SVdP Pharmacy and am completing this task on a volunteer basis.

Print Agent's Name _____

Agent's Signature _____ **Date** _____