



118 E. Haskell Street  
Winnemucca, NV 89445  
Phone (775) 623-3575  
Fax (775) 623-3593

## Telephone Message Consent Form

I do hereby give the office of Rural Health Clinic and staff permission to contact me at the following phone numbers and leave a detailed message if needed:

Phone Number: \_\_\_\_\_ \_\_\_ Cell \_\_\_ Home \_\_\_ Work

Phone Number: \_\_\_\_\_ \_\_\_ Cell \_\_\_ Home \_\_\_ Work

Phone Number: \_\_\_\_\_ \_\_\_ Cell \_\_\_ Home \_\_\_ Work

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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### PRESCRIPTION PICK-UP PERMISSION FORM

I, \_\_\_\_\_, give permission for

\_\_\_\_\_ to pick up my prescriptions, with the exception of controlled substances, from the Rural Health Clinic. I understand that if the prescription is lost or misplaced, **it is not** the responsibility of the clinic to replace the prescription.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

