

12 MDG Authorization for Release of Medications

I _____ hereby authorize
(Print Name)

_____ to pick up my
(Print Name)

prescriptions at Randolph AFB Pharmacy.
(Must have patient's ID card or a copy of it)

Signature

Expiration Date

RANDOLPH AFB FORM 28, 20010401 (IMT-V1)

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

I _____ hereby authorize
(Print Name)
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(Print Name of Child)

(Print Name of Child)

Signature of parent or legal guardian Expiration Date
If none, state N/A

RANDOLPH AFB FORM 28, 20010401 (IMT-V1) (REVERSE)

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