



Florida Authorization for Delivery of Medications

Patient Authorization for Delivery of Medications

By agreeing to these terms of service, you authorize the clinic's staff on duty to act on my behalf to accept medication delivery from ApexLife Rejuvenation dispensing physician and deliver my medications and refills to me as prescribed by my physician.

I understand that delivery of such medications can be picked up at the ApexLife Rejuvenation or mailed to my provided address on a weekly basis (or as often as ordered by the physician).

This authorization will remain active for the course of my treatment at ApexLife Rejuvenation or until I revoke it in writing. Any orders delivered damaged, or incomplete must be reported to ApexLife Rejuvenation.

referred to as ApexLife Rejuvenation within 24 hours of delivery and the pictures of the damaged package/product must be sent to Rich@apexlife.info.

ApexLife Rejuvenation is not financially responsible or liable for lost or stolen items once delivered.

Once items have been scanned as delivered to the customer's address, it is up to the customer to report any missing or stolen packages to ApexLife Rejuvenation within 24 hours of the delivery date.

Print Name _____

Signature _____ Date _____