

## REQUEST FOR A COPY OF A PRESCRIPTION RECORD

I, \_\_\_\_\_, request a copy of the prescription records  
(*print requestor's name*)

from Oakland Pharmacy Inc. for \_\_\_\_\_,  
(*patient name*)

with date of birth \_\_\_\_\_ from dates \_\_\_\_\_ to \_\_\_\_\_.  
(*mm/dd/yy*)                      (*mm/dd/yy*)                      (*mm/dd/yy*)

**Indicate reason (if applicable):**     **For tax purposes**                       **Complete record**

My signature below authorizes an employee of Oakland Pharmacy Inc. to access the above patient's prescription record and print a copy for the requestor or the requestor's designee.

\_\_\_\_\_  
*Patient's signature (not required for minors <18 years old)*                      *Date*

\_\_\_\_\_  
*Requestor's signature (if different than patient)*                      *Date*

Oakland Pharmacy Inc locations (please check appropriate location):

- New Oakland Pharmacy #1, 333 9<sup>th</sup> St, Oakland, CA 94607
- New Oakland Pharmacy #2, 388 9<sup>th</sup> St, Oakland, CA 94607
- New Oakland Pharmacy, 822 Webster St, Oakland, CA 94606
- New Oakland Pharmacy – Lake Merritt, 250 E18th St, 3<sup>rd</sup> Fl, Oakland, CA 94606
- Mission Pharmacy, 22138 Mission Blvd, Hayward, CA 94541
- New Tiburcio Vasquez Health Center Pharmacy, 33255 9<sup>th</sup> St, Union City, CA 94587
- Children's Clinic Pharmacy, 747 52<sup>nd</sup> St, Oakland, CA 94609
- Oakland Clinic Pharmacy, 5220 Claremont Ave, Oakland, CA 94618

Each patient is allowed one report free-of-charge per calendar year. Additional report requests may incur a fee at the pharmacist's discretion.