



Wegmans Pharmacy #162  
650 Hylan Drive  
Rochester, NY 14623  
Phone: 585-424-7350  
Fax: 585-424-7540

Email: [Pharmacy.Store062@wegmans.com](mailto:Pharmacy.Store062@wegmans.com)  
*In the event of an emergency, please do not use email.*

### Authorization for Release of Medication

I authorize Wegmans Food Markets, Inc. to release my prescription medication to the RIT Student Health Center. The Health Center will hold my prescription until I pick it up or for 10 days, whichever is less.

Wegmans Pharmacy is unable to take prescription medication back once it has left Wegmans Pharmacy counter.

#### Patient Information (please print clearly)

Student Name

\_\_\_\_\_

Last

First

MI

Date of Birth

\_\_\_\_\_

Month

Day

Year

#### Contact Information

Cell Phone Number

Other Phone Number

email

Signature

X

Date