



Dear Genoa Healthcare Consumer _____(Print Name)

Date of Birth: _____

State and Federal regulations require that we have a signed statement on file from you requesting the use of non-child resistant containers for your prescription medications (this includes bubble packaging, adherence packaging, and easy-off caps).

Please sign and date this statement and return it to Genoa at your earliest convenience.

We appreciate your cooperation in this matter. If you have any questions or concerns, please do not hesitate to contact us.

Sincerely,

Pharmacist

“I request that my medications are dispensed in non-child resistant containers.”

Signature

Date