PRESCRIPTION DRUG DONATION PROGRAM
PATIENT APPLICATION and DISPENSING FORM

- Questions about completion of this form may be directed to the Bureau of Public Health Pharmacy at (850) 841-8530.

Patient: Please complete the top portion of this form.

PATIENT INFORMATION			
Name- Patient (Print)		Date Received (MM/DD/YYYY)	
Address	City	State	ZIP Code
Telephone number (home or work)	Telephone number (cell)	Email Address	

Please indicate if you are: (check boxes that apply)

- ☐ Indigent (at or below 200% of federal poverty level)
- ☐ Underinsured (drug or health care benefits have been exhausted, or no drug coverage, including an inability to afford the out-of-pocket expenses for the drug prescribed)
- ☐ Uninsured (no health care coverage and not eligible for drug coverage under federal government program)

By signing below, I affirm that I meet the eligibility requirements of this section and will inform the repository if my eligibility changes. I also acknowledge the following: The prescription drug or supply I am receiving was donated to the program. Donors and participants in the program are immune from civil or criminal liability or disciplinary action. Eligible patients are not required to pay for the prescription drug or supply.

Attestation of Recipient (Signature)

Dispenser completes the below information:

DRUG/MEDICAL SUPPLY INFORMATION					
Drug Name or Medical Supply	**Strength**	**NDC No.**	**Lot No.**	**Expiration Date**	**Quantity**

Print Name (Dispenser) **Signature** (Dispenser) **Date**

Submit this form to: PrescriptionDrugDonationProgram@FLHealth.gov or mail to: DOH Bureau of Public Health Pharmacy, Drug Donation Program, 104-2 Hamilton Park Dr., Tallahassee, FL 32304

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Patient Name: _____

DRUG/MEDICAL SUPPLY INFORMATION (continued)

Drug Name or Medical Supply	Strength	NDC No.	Lot No.	Expiration Date	Quantity

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PATIENT APPLICATION and DISPENSING FORM

Patient Name: _____

DRUG/MEDICAL SUPPLY INFORMATION (continued)

Drug Name or Medical Supply	Strength	NDC No.	Lot No.	Expiration Date	Quantity