



EMBRACE

HEALTHCARE

PHARMACY AND MEDICAL SUPPLY

Receiving Authorization Form

Name _____

Business Address _____

City _____ County _____ State _____ Zip _____

Telephone # w/area code: (____) _____ Fax # w/area code: (____) _____

Email Address: _____

RECEIVING:

The following persons are authorized to receive/pickup **Supplies and Prescription Drugs** for this account

- 1. Name _____ Title _____ Signature _____
- 2. Name _____ Title _____ Signature _____
- 3. Name _____ Title _____ Signature _____

***Please note: Persons receiving/picking up orders will be required to show a valid drivers license**

Embrace Healthcare
3675 Dolson Court
Carroll, OH 43112
customerservice@embraceohio.rog

Phone:(866) 406-3627
Fax:(866) 413-3627