



POWER OF ATTORNEY: MEDICINES AND/OR INFORMATION REGARDING MEDICINES AT THE PHARMACY

This form is used to get medicines and/ or information regarding prescriptions at the pharmacy for others.

If you use different pharmacies, you must show the form and ID of the person who has given the power of attorney at each pharmacy.

Remember to bring:

- Completed and signed form
- Your own ID
- ID of the person giving the power of attorney or a copy of this ID.

If the power of attorney is kept in the pharmacy, it is only necessary to show your own identification.

Personal information – the person who give the power of attorney (owner of the prescription/information):

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|---|--|
| Norwegian national identification number or D-number: | |
| Name: | |

Personal information – the person who get the power of attorney:

| | |
|--|--|
| Norwegian national identification number or D-number | |
| Name: | |

The power of attorney is valid for:

YES NO

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|--|--|--|
| Prescription medicines (medicines, medicinal supplies and nutritional agents): | | |
| Information regarding prescriptions: | | |

Restrictions or other comments regarding the power of attorney:

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The power of attorney is valid to (date and year):

| | |
|----------------|--|
| Date and year: | |
| | Without a date the power of attorney is valid for three years. |

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|----------------|---|
| Date and year: | Signature from the person giving the power of attorney: |
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