CHARM
MEDICAL SUPPLY

DELIVERY AUTHORIZATION FORM**

Patient's Name: «PDPatient_First_Nme» «PDPatient_Last_Name»

☐ **If I am not home, please do not leave delivery.**

I understand that if I do not authorize Charm Medical Supply to leave my delivery or if I do not give an alternative delivery option below that I will not be sent a shipment until the following month.
As an alternative, you may also schedule a pick-up at our Pembroke MA location if you miss your delivery.

OR

☐ **If I am not home, I authorize Charm Medical Supply to leave the delivery as described below:**

****Please be aware, if you are ordering baby formula through Charm Medical Supply, all baby formula orders must be signed for at the time of delivery. This delivery will be attempted three times each delivery cycle. Orders can also be picked up at our office at your convenience, please contact Customer Service for more details.**

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X_____

Signature of Patient, Parent or Guardian **Date**

RETURN THIS COPY- *SIGNED AND DATED*- TO CHARM MEDICAL SUPPLY

33Riverside Dr. Suite 200, Pembroke, MA 02359
781-829-9813 (local), 877-94-CHARM (toll free), 781-829-9836 (fax)
www.charmmedical.com