REHAN PURI
HEALTHY MIND WORLD LLC

Rehan Puri, MD
825 Market Street Blvd, Suite 250, Allen, TX, 75013

Pharmacy Authorization and Release of Information

I, _____, give permission for
(Name of Parent/Guardian if under 18)

Healthy Mind World, LLC, to release prescriptions for

Patient Name: _____

Date of Birth: _____

to Arapaho Pharmacy. I understand that someone from the pharmacy will contact me regarding payment information. Healthy Mind World, LLC, will give them my demographic and insurance information. I also understand that once all information and payment has been provided to the pharmacy, the scripts(s) will be processed and delivered to my home address.

Signature: _____

Printed Name: _____

Phone: _____

Date: _____

***NOTICE**:

Healthy Mind World, LLC is not responsible for prescriptions once they have been picked up by Arapaho Pharmacy. Any delays or mishandling is the sole responsibility of Arapaho Pharmacy. Please call 7-10 days in advance for prescription refills. It can take *up to* 7 business days for Arapaho Pharmacy to pick up, fill, and deliver the medication.

Thank you.