



HERCULES CARES
GROCERY & RX SIGN-OFF SHEET BY CLIENT

Client name (print): _____

Date: _____

GROCERIES

By signing this receipt, I am confirming that I have:

- * Received my payment method back OR
Received the proper change if cash paid
- * Checked the items being delivered & receipt to ensure that items paid for matches the content of the bag of groceries being received.

Signature : _____



**PATIENT ACKNOWLEDGEMENT
OF PRESCRIPTIONS (RX) RECEIVED**

of RX bottles: _____

PRINT NAME OF PATIENT: _____

SIGNATURE OF PATIENT: _____

By signing this form, I am acknowledging that I have carefully checked:

- * ALL prescriptions ordered have been received from volunteer of Hercules Cares.
- * That all change is correct if cash paid in advance OR that credit card was returned.

I also agree that the volunteer or Hercules Cares is NOT responsible for errors in your order and that any errors will be my responsibility to deal with the pharmacy directly.