



# Non-Safety Cap Authorization Form

**Please mail, fax, eFax or email back to College Pharmacy at:**

3505 Austin Bluffs Pkwy. Suite 101, Colorado Springs, CO 80918  
Phone: (800) 888-9358 / (719) 262-0022  
Fax: (800) 556-5893 / (719) 262-0035  
Email: [newpatient@collegepharmacy.com](mailto:newpatient@collegepharmacy.com)  
eFax: (866) 480-7483

STORE HOURS  
M-F... ..8:30 a.m. – 6:00 p.m.  
Sat (on call) 9:00 a.m. - Noon  
Sun.....Closed

**Please mail, fax, or email back to College Pharmacy.**

College Pharmacy requires that all prescriptions must be dispensed using SAFETY CAPS unless the patient requests otherwise. If you would like your prescriptions dispensed using non-safety caps, please sign below.

I request that these prescriptions and all refills of these prescriptions NOT be dispensed in special child-resistant containers.

\_\_\_\_\_ Customer Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Customer Name (print)

\_\_\_\_\_ Prescription #

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