



Dear Genoa Healthcare Client \_\_\_\_\_:

State and Federal regulations require that we have a signed statement on file from you declining the use of child resistant containers for your prescription medications (this includes bubble packaging).

Please sign and date this statement and return it to Genoa Healthcare at your earliest convenience.

We appreciate your cooperation in this matter. If you have any questions or concerns, please do not hesitate to contact us.

Sincerely,

Genoa Healthcare Pharmacist

**“I do not want my medications dispensed in child resistant containers.”**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

GENOA HEALTHCARE LLC