

IF YOU ARE ON INFUSION THERAPY PLEASE READ THE INFO BELOW

1. **If I am an infusion patient, I understand that there are additional risks associated with the use of intravenous medication.** If I have questions after discussing this with my physician, I understand that I could ask a pharmacist additional questions. There are risks, known and unknown, associated with the use of all medical equipment and supplies used with the administration of medication, and because I will be using the equipment and/or supplies at home, immediate emergency medical attention will probably not be available for any complication, injuries, or adverse results that may occur in connection with using the equipment or supplies. **I understand that I should call “911” for emergency medical attention.**
2. **If my therapy requires an electronic or mechanical pump,** it will be sent and indicated on my delivery ticket and will be accompanied by an operating instruction manual along with information about any applicable warranties.
3. I acknowledge that I will receive information, such as an equipment warranty information form, and/or a warranty information page in my operating instruction manual, about any warranties that may cover the pumps, devices, and other items supplied to me. Furthermore, the product is being sold or leased to me by **Pharmacy** as a service for my convenience. I understand that I am responsible for the replacement cost of lost, stolen, and/or damaged equipment.
4. I understand further that any and all representations regarding the equipment are the responsibility of the manufacturer and its authorized agents (including but not limited to distributors and authorized service technicians). I have received instructions on the operating and related minor maintenance of the equipment and have read the operating instructions all of which are, in my opinion, adequate to enable me to properly operate it without direction of professional support staff at **Pharmacy**.
5. I understand that, to the maximum extent permissible under law, **Pharmacy** shall not in any event be liable for any consequential damages, secondary charges, lawsuits, or damages resulting from an alleged defect of the equipment or disposable supplies. A home health nurse may operate this infusion device, and I will follow their instructions.
6. If I am a Medicare beneficiary, I understand that **Pharmacy** honors all warranties expressed and implied under applicable State law and will not charge me or the Medicare program for the repair or replacement of Medicare covered items (including all purchased and capped rental items and other rented items) or services covered under warranty.

A copy of this form can be found at bioplusrx.com/patientforms and in your Patient Welcome Booklet.

I understand that I may contact the pharmacy at the number on my prescription label with any questions regarding this form.

I HAVE READ AND FULLY UNDERSTAND THIS CONSENT TO THERAPY.

Patient Name: _____

Patient Signature: _____

Former/Alias/Maiden Name (If applicable): _____

Date of Birth: _____

Date: _____

Name of Personal Representative (If applicable): _____

Signature of Personal Representative (If applicable): _____

Description of Personal Representative (If applicable): _____

Attach the appropriate documents granting legal authority to act on behalf of the patient.

Get Help in Your Language

Aside from helping you understand your privacy rights in another language; we also offer this notice in a different format for members with visual impairments. If you need a different format, please call your pharmacy at the phone number on your medication label or at 1-888-292-0744 for help.

The pharmacy offers free translation and interpretation in your language for prescription use. This includes help talking with a pharmacist, understanding the prescription label, and understanding other written info. We also provide free aids like braille or large print. Contact the pharmacy to get these services quickly.

Arabic

تقدم الصيدلية الترجمة التحريرية والترجمة الشفهية الفورية مجاناً بلغتك لاستخدام الوصفة الطبية. يتضمن ذلك المساعدة في التحدث مع الصيدلي وفهم ملصق الوصفة الطبية وفهم المعلومات المكتوبة الأخرى. كما نقدم مساعدات مجانية مثل طريقة برايل أو الطباعة بالأحرف ال كبيرة. بادر بالاتصال بالصيدلية للحصول على هذه الخدمات سريعاً.

Armenian

Դեղատոմսն առաջարկում է անվճար բանավոր և գրավոր թարգմանություններ լեզվով դեղատոմսով դեղերի մասին տեղեկությունների համար: Սա ներառում է օգնություն դեղագործի հետ խոսելու, դեղատոմսի պիտակը հասկանալու և գրավոր այլ տեղեկություններ ստանալու հարցում: Մենք տրամադրում ենք նաև անվճար օժանդակ նյութեր, ինչպիսիք են բրայլը կամ մեծատառ տպագրությունը: Այս ծառայություններն արագ ստանալու համար կապ հաստատեք դեղատան հետ:

Chinese

药房提供您语言的免费翻译和口译供处方使用。这包括帮助与药剂师交谈、了解处方标签以及了解其他书面信息。我们还提供免费辅助工具，如盲文或大字版。请联系药房以快速获得这些服务。

Farsi

داروخانه به شما خدمات ترجمه کتبی و شفاهی رایگان برای نحوه مصرف دارو ارائه می‌دهد. این خدمات عبارتند از کمک در صحبت با داروساز، درک برچسب دارو و فهمیدن سایر اطلاعات مکتوب. ما همچنین کمک‌های رایگانی مانند خط بریل یا چاپ درشت ارائه می‌دهیم. برای دریافت سریع این خدمات با داروخانه تماس بگیرید.

French

La pharmacie propose une traduction et une interprétation gratuites dans votre langue pour l'utilisation des ordonnances. Cela comprend une l'aide pour discuter avec un pharmacien, comprendre l'étiquette de prescription et d'autres informations écrites. Nous fournissons également des aides gratuites comme le braille ou les gros caractères. Contactez la pharmacie pour disposer rapidement de ces services.

Haitian- Creole

Famasi a ofri tradiksyon ak entèpretasyon gratis nan lang ou pou itilizasyon preskripsyon. Sa enkli èd pou pale ak yon famasyen, konprann etikèt preskripsyon an, ak konprann lòt enfòmasyon ekri. Nou bay èd gratis tankou bray oswa gwo lèt. Kontakte famasi a pou w jwenn sèvis sa yo byen vit.

Italian

Per i farmaci soggetti a prescrizione, la farmacia offre servizi gratuiti di traduzione e interpretariato nella tua lingua. Ciò include la comunicazione con un farmacista, la comprensione dell'etichetta dei farmaci prescritti e la comprensione di altre informazioni scritte. Forniamo inoltre supporti gratuiti come il braille o la stampa in caratteri grandi. Contatta subito la farmacia per ottenere questi servizi.

Japanese

当薬局では、処方箋の使用に際して、お客様の言語への翻訳・通訳サービスを無料で提供しています。このサービスには、薬剤師との会話、処方箋ラベルの理解、その他の書面による情報の理解に関する支援が含まれます。また、点字や拡大文字などの補助資料も無料で提供しております。薬局にご連絡いただければ、迅速にサービスをご提供いたします。

Korean

처방전 사용을 위해 귀하의 언어로 무료 번역 및 통역 서비스를 약국에서 제공합니다. 여기에는 약사와의 상담, 처방전 라벨 이해, 기타 서면 정보 이해에 대한 지원이 포함됩니다. 점자나 대형 인쇄본과 같은 무료 보조 도구도 제공합니다. 해당 서비스를 신속하게 받으시려면 약국에 연락하시기 바랍니다.

Polish

Jeśli chcesz zrealizować receptę w swoim języku, apteka może zapewnić Ci bezpłatne tłumaczenia pisemne i ustne. Oferowana pomoc dotyczy komunikowania się z farmaceutą i zrozumienia etykiety leku oraz innych zapisanych informacji. Udostępniamy również bezpłatne pomoce, takie jak informacje zapisane alfabetem Braille'a lub dużym drukiem. Aby szybko skorzystać z tych usług, skontaktuj się z apteką.

Portuguese

A farmácia oferece tradução e interpretação gratuitas no seu idioma para uso de receitas. Isso inclui ajuda para falar com um farmacêutico, entender o rótulo da receita e entender outras informações escritas. Também fornecemos recursos gratuitos, como braille ou letras grandes. Entre em contacto com a farmácia para obter esses serviços rapidamente.

Punjabi

ਫਾਰਮੇਸੀ ਨੁਸਖੇ ਦੀ ਵਰਤੋਂ ਲਈ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਢਲੇ ਅਨੁਵਾਦ ਅਤੇ ਵਿਆਖਿਆ ਦੀ ਪੇਸ਼ਕਸ਼ ਕਰਦੀ ਹੈ। ਇਸ ਵਿੱਚ ਇੱਕ ਫਾਰਮਾਸਿਸਟ ਨਾਲ ਗੱਲ ਕਰਨ ਵਿੱਚ ਮਦਦ, ਨੁਸਖੇ ਦੇ ਲੇਬਲ ਨੂੰ ਸਮਝਣਾ, ਅਤੇ ਹੋਰ ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣਾ ਸ਼ਾਮਲ ਹੈ। ਅਸੀਂ ਬੋਲ ਜਾਂ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਰਗੀਆਂ ਮੁਢਲੇ ਸਹਾਇਤਾ ਵੀ ਪ੍ਰਦਾਨ ਕਰਦੇ ਹਾਂ। ਇਹ ਸੇਵਾਵਾਂ ਜਲਦੀ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਫਾਰਮੇਸੀ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Russian

Аптека предлагает бесплатный письменный и устный перевод на ваш язык для информации о рецептурных препаратах. Это включает в себя помощь в общении с фармацевтом, понимание этикетки рецепта и другую письменную информацию. Мы также предоставляем бесплатные вспомогательные материалы, такие как шрифт Брайля или крупный шрифт. Обратитесь в аптеку, чтобы получить эти услуги быстро.

Spanish

La farmacia ofrece servicios de traducción e interpretación gratuitos en su idioma para su uso con medicamentos recetados. Esto incluye ayuda para hablar con un farmacéutico, comprender la etiqueta de los medicamentos recetados y comprender otra información escrita. También ofrecemos ayuda gratuita, como braille o letra grande. Comuníquese con la farmacia para obtener estos servicios rápidamente.

Vietnamese

Nhà thuốc cung cấp bản dịch và thông dịch miễn phí bằng ngôn ngữ của quý vị cho sử dụng toa thuốc. Điều này bao gồm trợ giúp nói chuyện với dược sĩ, hiểu toa thuốc và hiểu các thông tin bằng văn bản khác. Chúng tôi cũng cung cấp các hỗ trợ miễn phí như chữ nổi braille hoặc bản in chữ lớn. Vui lòng liên hệ với nhà thuốc để nhận được những dịch vụ này một cách nhanh chóng.

Tagalog

Nag-aalok ang botika ng libreng pagsasalin at interpretasyon sa iyong lengguwahe para sa paggamit ng reseta. Kabilang dito ang tulong sa pakikipag-usap sa isang parmasyutiko, pag-unawa sa tatak ng reseta, at pag-unawa sa iba pang nakasulat na impormasyon. Nagbibigay din kami ng mga libreng tulad ng braille o malaking print. Makipag-ugnayan sa parmasya upang mabilis na makuha ang mga serb.