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### Non-Safety Cap Request Form

Complete and sign form. Send by mail, fax (360-243-3167), or email ([Lab@Kuslers.com](mailto:Lab@Kuslers.com)).

Date: \_\_\_\_\_

Federal Law requires that your medication be dispensed in a container with a child resistant safety cap. If you would like your prescription with an "easy open" cap, **please sign below.**

I request that my prescriptions, and all refills of my prescriptions, be dispensed in Non-Child Resistant "easy open" containers.

Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

(must be signed by the patient or legal agent of the patient)