GSK Patient Assistance Program
PO Box 220590, Charlotte, NC 28222-0590
Phone: 1-866-728-4368, Fax: 1-855-474-3063
Monday – Friday 8am-8pm ET

Authorized Individual(s) Form

- **This form can be used for patients who did not include authorized individuals on the enrollment application.**
- **Please return this form along with any additional documentation by mail or fax to:**

GSK Patient Assistance Program

PO Box 220590

Charlotte, NC 28222-0590

Fax Number: 1-855-474-3063

Patient Name: _____ **DOB:** _____

Patient ID: _____

Authorized Individuals

For the patient: If you would like to give permission to GSK for other individuals (i.e.an adult child, parent, friend) to conduct business on your behalf, please print their names here. Please note: These individuals are in addition to a legal guardian or registered advocate who may already be included on this application.

First Name	Last Name	Relationship to patient
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient Signature: _____ **Date:** _____