

ACKNOWLEDGEMENT OF ELECTRONIC SUBMISSION OF PRESCRIPTIONS, CONSENT TO RETRIEVE MEDICATION, HISTORY, CONSENT FOR REFERRALS AND ADMINISTER VACCINES.

I, Patient/Parent authorize Bard and Didriksen Pediatrics, P.C. to submit my/child prescriptions electronically to my preferred pharmacy.

I, Patient/Parent authorize Bard and Didriksen Pediatrics, P.C. to retrieve my prescription history via the SureScripts clearing house.

I, Patient/Parent authorize Bard and Didriksen Pediatrics, P.C. to make referrals on my/child's behalf and share relevant clinical and demographic information.

I, Patient/Parent authorize Bard and Didriksen Pediatrics, P.C. to administer vaccines to myself/child and release Bard and Didriksen Pediatrics, P.C. including the corporation, of any legal responsibility in the administration of these immunizations.

Signature of Patient or Legal Guardian

Printed Name of Patient(s)

Printed Name

Date