

Partners in Pediatrics

**CONTACT AUTHORIZATION AND
MEDICAL PRESCRIPTION HISTORY AUTHORIZATION**

Consent to text – authorization to receive automated text alerts from our practice on your mobile phone. Text messages may be about appointments, test results and more.

YES NO

Consent to access medication history – authorizes Partners in Pediatrics to download your child or children’s prescription history through pharmacy benefit managers.

YES NO

Date _____

Signature of Parent or
Legal Guardian

Please print below the names of all children, first and last.

