Ad-Park Pediatrics S.C.
Rx Consent Form

# Consent to Obtain External Prescription History

I, _____, whose signature appears below, authorize Ad-Park Pediatrics and Its Affiliated Providers to view my child's external prescription history via the SureScripts service. I understand that prescription history from multiple other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be viewable by my providers and staff here, and it may include prescriptions back in time for several years.

This applies to the following children:

| Name | Date of Birth |
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MY SIGNATURE CERTIFIES THAT I READ AND UNDERSTOOD THE SCOPE OF MY CONSENT AND THAT I AUTHORIZE THE ACCESS.

_____ _____ _____

Signature Relationship Date