



Leonard Karadimas, D.O.
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Knee & Shoulder Specialists

Board Certified Orthopedic Surgeons
Sports Medicine Specialists

E- Prescribing Consent/Acknowledgment

I hereby authorize my physician to prescribe and refill medications through a computerized E- Prescribing system. I understand that my physician may be sending my prescriptions electronically, and I have been informed on the E- Prescribing process.

Patient Name _____

Signature (Parent if child is a minor) _____

Date _____

Pharmacy Name _____

City _____