



Office Policy and Prescription Hub Agreement

I have read and understand the office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s): _____

Parent/Legal Guardian: _____

Relationship to Patient: _____

Date: _____

Would you grant us permission to obtain your child's prescription history from the 'RX Hub'? RX Hub is a national database with all drugs prescribed to your child.

Yes No

Parent or Legal Guardian: _____

Date: _____