



# Four States Foot Clinic

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## **Electronic Pharmacy Download**

I also give my permission for Dr. Richins to download any electronic prescriptions that may help in my medical treatment. This is in effect until revoked by me in writing.

**Patient Name (Print)** \_\_\_\_\_

**Guardian Name (Print)** \_\_\_\_\_

**Patient/Guardian (Signature)** \_\_\_\_\_

**Date** \_\_\_\_\_