



Denise Nakos, MD • Beatrice Wilder, MD • Charles C. Richards, MD
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Pharmacy Records Authorization

I authorize Cobb Pediatric Associates and its staff to obtain and review my child's pharmacy and prescription records. This includes medication history and dispensing information from pharmacies, pharmacy benefit managers, insurers, and the Georgia Prescription Drug Monitoring Program (PDMP), as permitted by law, for the purposes of treatment and medication management throughout my child's care with this practice.

Parent/Legal Guardian Signature: _____ Date: _____

Surrogate Signature: _____ Date: _____