



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 \_\_\_\_\_