



Eastern Carolina Pediatric Associates

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Florence, SC 29505

105 Industrial Way
Darlington, SC 29540

We have transitioned to electronic medical records to better serve you. Please sign below giving us permission to download electronic medication history and to use electronic prescribing services for your child.

I _____ give my permission to Eastern Carolina
(Parent/Guardian)

Pediatrics to download electronic medication history for _____
(Patient Name)

and _____
(Date of Birth)

Signed

(Parent/Guardian)