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PERMISSION FOR INTERNET AND ELECTRONIC TRANSMISSION OF DATA

I hereby give my permission to Steven Dworetsky, MD to prescribe my medications over the internet electronically or by facsimile to my pharmacy.

Identified Pharmacy: Name of Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

My cell # for contact info \_\_\_\_\_

E-mail address \_\_\_\_\_

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_