



## Consent to Obtain External Prescription History

I, \_\_\_\_\_, whose signature appears below, authorize The Office of Dr. Andres Patron and its providers to view my external prescription history via the Sure Scripts RxHub on our EMR.

This consent form authorizes us to obtain and review prescription history and detailed prescription history provides the physician with information about medications being prescribed by other providers involved in your medical care. This information will improve the accuracy of our medication list in your medical chart and decrease any adverse drug reactions or inaccurate medication information, such as medication names or dosages.

I understand that the prescription history is from multiple other unaffiliated medical providers, insurance companies and pharmacy benefit managers and may be used and viewed by our providers and staff, and it may also include prescriptions back in time for several years.

My Signature certifies that I read and understood the scope of my consent and that I authorize the access.

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Signature

DOB

Date