



CONSENT FOR ACCESS TO MEDICATION INFORMATION

Our practice is committed to the safety, security and accuracy of your prescription. We send your prescriptions electronically to your pharmacy using Surescripts, The Nation's E-Prescription Network.

Please inform your pharmacist that your prescriptions have been sent electronically and ensure that the prescriptions have been received by the pharmacy computer or fax.

Please request medication refills through your pharmacy and your request will be forwarded to us electronically. If refills are authorized by your physician, the refill authorization will be sent to your pharmacy electronically.

One of the advantages from using Surescripts is to track your medications prescribed by other physicians. It is vitally important to know all your medications for your care. For this, we need your authorization in order for us to access to your medication database with Surescripts.

By signing below, you attest that you have received this information, understood, and had your questions answered to your satisfaction.

Signature:

Date: