



### MEDICATION HISTORY RETRIEVAL

We have a great tool that will allow us to electronically obtain your medication history to ensure that our records are complete. We use Sure Scripts to provide medication histories when your medication is obtained from most major pharmacies. However, in order to obtain this information we need your approval. Please check yes that you would like us to obtain that information.

\_\_\_\_ Yes please obtain my medication history.

\_\_\_\_ No you may not obtain my medication history.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name

In addition, we can send your prescription needs to your pharmacy electronically. However, to be able to do this we require the name and location of your pharmacy.

\_\_\_\_\_  
Pharmacy Name

\_\_\_\_\_  
Address, City, State Zip

\_\_\_\_\_  
Pharmacy Telephone Number