



CONSENT TO IMPORT MEDICATION HISTORY

7 Springs Orthopedics is a participating provider with SureScripts electronic prescription service. This allows our practice to send your prescriptions electronically to your pharmacy for your convenience; however, certain controlled substance prescriptions, such as pain medication, may still require a written or printed prescription.

To better serve your healthcare needs, SureScripts allows us to download your current medication list from participating pharmacies to check for interactions with any new medications that may be prescribed at our office. Because of the privacy of your health information matters, our office needs your consent to import your medication history into your medical records at our office.

STATEMENT OF CONSENT:

I, _____, consent to the use of SureScripts to access and download my medication list from participating pharmacies.

Signature

____/____/____
Date

PREFERRED PHARMACY	
Pharmacy Name:	_____
Address:	_____
City:	_____ State: _____ Zip code: _____
Phone #:	_____

*Don't worry if you don't have your complete pharmacy information, just provide what you can and we will look up the additional required information within SureScripts.