

CONSENT TO OBTAIN EXTERNAL PRESCRIPTION HISTORY

I, _____, authorize PrimeGyn Women's Center and it's providers/staff to view my external prescription history via eClinical Works EHR system. I understand that this may include but not limited to, prescription history from other unaffiliated medical providers, insurance companies or pharmacies. I also understand the prescription history may date back several years.

I consent that I have read and understand the consent to obtain external prescription history.

Patient Name

Patient signature

Date