Premier Care Medical Services

Consent to Electronic:

* Record Sharing
* Medication History Authorization

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my consent to Premier Care Medical Services PLLC for the purposes of the checked lines above. For the purpose of this document;

Sharing of medical records with my primary care provider and specialist(s) for referrals. Further sharing of the medical records includes obtaining medical records from other companies that hold medical records that have been consented to share the records as well.

Obtaining electronic records for medication history works with a third party, Sure Scripts. Obtaining this record is pertinent for the prescribing of medication as to prevent conflicting medications with adverse effects being prescribed.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_