



Consent to Obtain Prescription History

This consent form authorizes Prima CARE, P.C., to obtain and review my prescription history. A detailed prescription history will provide my Prima CARE medical provider information about medications prescribed by other providers involved in my medical care. This information will improve the accuracy of the names and dosages of the medications in my Prima CARE medical record and will help avoid adverse drug reactions.

By signing this consent form, I agree that I understand and have given informed consent for Prima CARE to request and use my prescription medication history from other healthcare providers, pharmacies, and benefit payors (such as my insurance company) for treatment purposes.

I have had the chance to ask questions and all of my questions have been answered to my satisfaction.

Patient Name (Printed): _____

Patient Date of Birth: _____

Patient Signature: _____

Date of Signing Consent Form: _____