



## MEDICATION HISTORY CONSENT FORM

By signing below I give permission for Adobe ENT & Allergy to access my pharmacy benefits data electronically through Surescripts. This consent will enable Adobe ENT & Allergy to:

- Determine the pharmacy benefits and drug co pays for a patient's health plan.
- Check whether a prescribed medication is covered (in formulary) under a patient's plan.
- Display therapeutic alternatives with preference rank (if available) within a drug class for medications.
- Determine if a patient's health plan allows electronic prescribing to Mail Order pharmacies, and if so, e-prescribe to these pharmacies.
- Download a historic list of all medications prescribed for a patient by any provider.

In summary, we ask your permission to obtain formulary information and information about other prescriptions prescribed by other providers using Surescripts.

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Patient Name

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Patient Signature

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Date