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Consent for external prescription history

I, the undersigned, authorize High Point Family Medicine to electronically retrieve and view my external prescription history. I understand that my prescription history from unaffiliated medical providers, insurance companies and pharmacy benefit managers may be viewable by High Point Family Medicine providers and staff.

My signature certifies that I have read and understand this consent. I authorize this access until I choose to revoke it.

Name of Patient

Signature of Patient / Guardian

Date

Refusal

I do not authorize High Point Family Medicine to retrieve my external prescription history at this time.

Name of Patient

Signature of Patient / Guardian

Date