



Mid-Florida Pediatrics

2340 Glenwood Drive | Winter Park, FL 32792 | (407) 975-0681 | (407) 975-0683 fax

Consent to Obtain External Prescription History

I, _____, whose signature appears below, authorize Mid-Florida Pediatrics PA and Its Affiliated Providers to view my external prescription history via electronic means including, but not limited to, our electronic medical records system, eClinicalworks, SureScripts and the RxHub service.

I understand that prescription history from multiple other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be viewable by my providers and staff here, and it may include prescriptions back in time for several years.

MY SIGNATURE CERTIFIES THAT I READ AND UNDERSTOOD THE SCOPE OF MY CONSENT AND THAT I AUTHORIZE THE ACCESS.

Print Patient Name

Patient Date of Birth

Signature Patient / Legal Guardian

Date

Print Legal Guardian (if applicable)

Witness Signature

Date