



# GREATER BADEN MEDICAL SERVICES

Primary and Preventive Health Care

## Consent to Obtain External Prescription (Rx) History

I, \_\_\_\_\_, whose signature appears below, authorize Greater Baden Medical Services, Inc., and its providers to view my external prescription history via eClinicalWorks EHR system. I understand that this includes but is not limited to prescription history from other unaffiliated medical providers, insurance companies, and/or pharmacy benefit managers may be viewable by provider and staff at Greater Baden. This also may include prescriptions dating back several years.

MY SIGNATURE CERTIFIES THAT I HAVE READ AND UNDERSTOOD THE CONSENT TO OBTAIN EXTERNAL PRESCRIPTION HISTORY

Patient Signature \_\_\_\_\_, Date \_\_\_\_\_