



Mobile Heart
Specialists, P.C.

CONSENT TO OBTAIN EXTERNAL PRESCRIPTION HISTORY

I, _____, Date of birth ____/____/____
(print full name)

whose signature appears below, authorize Mobile Heart Specialists to extract my external prescription history via Surescripts electronic prescription 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.

Patient signature

Date