



Children's Medical Center

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MEDICATION HISTORY CONSENT FORM

By signing below I give permission for Children's Medical Center to access my pharmacy benefits data electronically through **Sure Scripts**. This consent will enable Children's Medical Center to:

- Send my prescription electronically.
- 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 **Sure Scripts**.

Patient's Name

Date of Birth

Signature of Patient or Parent /Legal Guardian

Date