

Marlton Neurology Marlton Family Medicine Chronic Pain Specialists

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CONSENT TO OBTAIN EXTERNAL PRESCRIPTION HISTORY/ E-PRESCRIBING CONSENT FORM

ePrescribing is defined as a physician's ability to electronically send an understandable prescription directly to a pharmacy from the point of care. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. ePrescribing greatly reduces medication errors and enhances patient safety.

By authorizing **Marlton Neurology, Marlton Family Medicine or Chronic Pain Specialists** you allow us to view your external prescription history via the RxHub service. This will provide the physician with information about medications the patient is already taking to minimize the number of adverse drug events.

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

By signing this consent form you are agreeing that **Marlton Neurology, Marlton Family Medicine or Chronic Pain Specialists** can request and use your prescription medication history from other healthcare providers and/or third-party pharmacy benefit payers for treatment purposes.

My signature below certifies that I have read and understood the scope of my consent and that I authorize the access.

Patient Signature

Date

Print Patient Name

Print Name of Legal Guardian, if applicable