South Houston Internal Medicine

1018 Keith Dr. Suite A

Perry GA, 31069

Consent to Obtain External Prescription History

I, _____, whose signature appears below, authorize South Houston Internal Medicine, LLC and its Affiliated Providers to view my external prescription history via the Rx Hub service.

I understand that prescription history from multiple other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be viewed by my providers and their staff, including past prescriptions from several years.

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

_____ _____

Patient Signature Date

_____ _____

Witness Signature Date