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Consent to Obtain External Prescription History

I, _____, whose signature appears below, authorize Comprehensive Primary Care & Associates, P.L.L.C. and its providers to view my external prescription history via eClinical Works 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 Comprehensive Primary Care. 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 _____