

**MICHIGAN KIDNEY CONSULTANTS, P.C.**  
**Pharmacy / Medication History Consent**

E Prescribing is a way for doctors to send electronically an accurate, error free, and understandable prescription from the doctor's office to the pharmacy.

Please provide our office with you primary pharmacy information.

Your name \_\_\_\_\_

Date of birth \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Pharmacy phone: \_\_\_\_\_

Address / Location (if know):  
\_\_\_\_\_

Are 90 days' supply prescriptions preferred?    Yes            No

**Michigan History**

The medication history provides the health care provider with information about your current and past prescriptions. This allows health care providers to be better informed about potential medication issues and to use that information to improve safety and quality. Medication history data can indicate: Compliance with prescribed regimens; therapeutic interventions; drug – drug and drug allergy interactions; adverse drug reactions; and duplicative therapy.

**Consent:**

By signing this consent form you are agreeing that your provider at Michigan Kidney Consultants, PC may request and use your prescription medication history from other health care providers and/or third party pharmacy benefit payors for treatment . This consent form will remain in effect until the day you revoke your consent. You may revoke this consent at any time in writing but if you do, it will not have an effect on any actions taken prior to receiving the revocation.

Signature \_\_\_\_\_ Date \_\_\_\_\_