

Pulmonary & Sleep Consultants, LLC
Serenity Sleep Institute



“Breathe Easier, Sleep Better”
www.pscssi.com

PRESCRIPTION MEDICATION CONSENT FORM

Pulmonary & Sleep Consultants, LLC uses an electronic medical record system that allows electronic prescribing of medications. Medications are sent to your pharmacy and insurance company through a secure electronic prescription connection which improves the timely and accurate transmission of your medication information.

To optimize the use of this electronic capability, and coordinate your care between us and your other physicians, we ask that patients allow us to access their medications history through the pharmacies and insurance companies’ electronic database.

Please check only one of the following:

- I consent to allow my provider to access all of my medication history.
- I consent to allow my provider to access only my medication history for medication prescribed in this office.
- I DO **NOT** consent to my provider accessing any of my medication history.

Signature: _____

Printed Name: _____

Date: _____