

Jewett Orthopaedic Clinic, P.A. Consent for Electronic Prescribing

Patient Name: _____

Account Number: _____

Jewett Orthopaedic Clinic, P.A. is enrolled in an electronic prescribing program. This program is meant to help our providers with understanding what medications our patients are currently using and to give them the best possible treatment.

By signing this form, you are consenting to the Jewett Orthopaedic Clinic retrieving electronic prescribing information from other providers through the Sure Scripts database.

This consent will only be valid for one year and re-consent will be required at that time.

_____ I agree that Jewett Orthopaedic Clinic may request
and use my prescribing medication history from other healthcare providers.

Patient Signature

Printed Name

Pharmacy Name: _____

Address: _____

Phone Number: _____

Date of Consent