

Patient Consent to Provide Pharmacy Information

Marianne W. Rosen MD & Associates, LLC, currently participates in the DoseSpot, an E-Prescription System. This allows for the electronic prescribing of medications, which provides a convenience to patients and physicians, and reduces medication error. An additional portion of this service allows for the electronic receiving of medication information such as medications, dosages and prescriptions filled from **participating pharmacies**. It may **not** provide all prescriptions you may be using. Please inform us of any medications that may not be provided to us, including over the counter medications, vitamins and supplements. This too, reduces error in medication entry into the medical record and provides your physician with an up-to-date medication profile.

By signing below, you give Marianne W. MD & Associates, LLC permission to access your prescription information and to receive this information electronically for your medical record.

Print Patient's Name: _____

Patient's Signature: _____ **Date:** _____

Primary Pharmacy: _____ Phone Number: _____

Pharmacy Address: _____

Please List all Medications, Vitamins, & Supplements below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____