

EXPRESS CARE OF THE SHOALS

**PHARMACY BENEFIT MANAGEMENT (PBM) CONSENT FORM**

**(E)LECTRONIC-PRESCRIBING**

**E-Prescribing** - is defined as a physician's ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care.

**Medication History Transactions** – Provides the physician with information about medications that the patient is already taking prescribed by any provider, to minimize the number of adverse drug events.

By signing this consent you are agreeing that Express Care of the Shoals/Medical Associates of the Shoals can request and use your prescription medication history from other healthcare providers and/ or third party pharmacy benefit payors for treatment purposes.

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

I DENY CONSENT

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date