

Laura Wagner, Inc.
14377 Woodlake Dr. STE 111
Chesterfield, MO 63017

MEDICATION HISTORY DOWNLOADS:

Laura Wagner, Inc., with your permission, will download your patient **medication history** from SureScripts, a prescription system that allows prescriptions and related information to be exchanged between providers and the pharmacy. This information may include details of prescription drugs you currently take and/or have taken in the past. This may include disclosure of prescriptions related to alcohol and drug abuse, mental health treatment, and/or confidential HIV related information. This information will be downloaded directly into the patient chart for the purposes of patient care.

This information will become part of your patient chart. We will only share this information with authorized contacts, or with other providers for continued care, or with other providers when you request a release of medical records to that provider.

The purpose of this download is for us to obtain an accurate medication list for the patient. Most patients find this more convenient than providing a medication list. If you decide not to sign this authorization allowing us to download your medications, be sure to provide a current medication list.

By signing this form, I authorize Laura Wagner, Inc. to download my medication history from SureScripts. I understand that I may revoke this authorization at any time by writing to Laura Wagner, Inc.

Patient Name [print]:

Signature: X _____ **Date:**

If signed by someone other than the patient, what is the relationship to the patient?

Parent Legal Guardian Other _____