

VIRGINIA ORTHOPAEDIC CENTER, P.C.

BENJAMIN F. ALLEN, M.D.
ROBERT RUTKOWSKI, M.D.
CRAIG A. REIGEL, M.D.
WAHID M. BAQAIE, M.D.



KEE MILLER, PT
HELEN HAGAN-RITZ, PT
BONNY WAGNER, OTR, CHT
DAVID STACKHOUSE, PT

MEDICATION HISTORY CONSENT FORM

By signing below I give permission for Virginia Orthopaedic Center PC to access my pharmacy benefits data electronically through Sure Scripts (our electronic prescribing company). The consent will enable Virginia Orthopaedic Center to:

- Determine the pharmacy benefits and drug co pays for a patient's health plan.
- Check whether a prescribed medication is covered (in the formulary) under a patient's plan.
- Display therapeutic alternatives with preference rank (if available) within a drug class for medications.
- Determine if a patient's health plan allows electronic prescribing to Mail Order pharmacies, and if so, e-prescribe to these pharmacies.
- Download a historic list of all medications prescribed for a patient by another provider.

Additionally, this consent is notice that Virginia Orthopaedic Center PC will utilize the Virginia Prescription Monitoring Program on all patients for whom we are prescribing controlled substances.

In summary, we ask your permission to obtain formulary information and information about other medications prescribed by other providers. This policy is for your safety and will aid us in assuring quality medical treatment. Because this policy is to protect you, our patients, we may not be able to prescribe pain medication without your consent to access your medication history.

Patient Name: _____

Patient Signature: _____

Date: _____