

INLET PEDIATRICS, PA

PHARMACY BENEFIT MANAGEMENT (PBM) CONSENT FORM

(E)LECTRONIC – PRESCRIBING

E-Prescribing – 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 medication 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 Inlet Pediatrics can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payers for treatment purposes.

Patient Name

Patient DOB

Parent/Guardian Signature

Date



I DENY CONSENT

Parent/Guardian Signature

Date