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## MEDICATION HISTORY CONSENT FORM

Do not sign this form until you have read it and fully understand its contents.

By signing below, I give permission for AOG to access my medication history information from Surescripts through a secure electronic exchange. This will enable AOG to see the current medications that have been prescribed by other providers using Surescripts. Once you have given consent the medication history will be turned on and this information will automatically populate to your chart.

I have read and fully understand the information in this form and I give consent to AOG to access my medication history via Surescripts.

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Patient Name (Print)

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Patient Signature

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Date