



Obstetrics, Gynecology  
Infertility

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### Consent for Release of Prescription History

I authorize Magdalene Karon, MD, PSC to access my prescription history from unaffiliated medical providers, insurance companies, and pharmacy benefit managers, to help keep my medical records as complete as possible. I understand that my prescription history from other sources may be viewable by the provider and staff within Magdalene Karon, MD, PSC and may include prescriptions dating back several years.

MY SIGNATURE CERTIFIES THAT I READ AND UNDERSTOOD THE SCOPE OF MY CONSENT AND THAT I AUTHORIZE THE ACCESS.

\_\_\_\_\_  
Print Patient Full Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Pharmacy

\_\_\_\_\_  
Location