



Obstetrics, Gynecology  
Urogynecology

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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.**

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**\*Pharmacy**

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**\*Location City/State**

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**\*PRINT Patient FULL Name**

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**\*Patient Signature**

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**\*Today's Date**