



Consent to Treatment and
Consent to Obtain Patient Medication History
Consent to Treatment

I hereby give my permission for **Advanced Cataract & Glaucoma Care, PLLC** (the Practice) to give me medical treatment.

I allow the Practice to file for insurance benefits to pay for the care I receive.

I understand that:

- the Practice will have to send my medical record information to my insurance company.
- I must pay my share of the costs.
- I must pay for the cost of these services if my insurance does not pay or I do not have insurance.
- I understand:
 - I have the right to refuse any procedure or treatment.
 - I have the right to discuss all medical treatments with my provider.

Consent to Obtain Patient Medication History

Patient medication history is a list of prescriptions that healthcare providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history.

The collected information is stored in the practice electronic medical record system and becomes part of your personal medical record. Medication history is very important in helping providers treat your symptoms and/or illness properly and avoid potentially dangerous drug interactions.

It is very important that you and your provider discuss all your medications in order to ensure that your recorded medication history is 100% accurate. Some pharmacies do not make prescription history information available, and your medication history might not include drugs purchased without using your health insurance.

Also over-the-counter drugs, supplements, or herbal remedies that you take on your own may not be included.

I give my permission to allow my healthcare provider to obtain my medication history from my pharmacy, my health plans, and my other healthcare providers.

X

Signature of Patient or Legal Guardian