



IMB

INTERNAL MEDICINE
of BRIGHTON

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INTERNAL MEDICINE OF BRIGHTON, PLLC
300 WHITE SPRUCE BLVD SUITE 100
ROCHESTER, NY 14623

Patient Name (printed): _____

Patient Date of Birth: _____

PREFERRED PHARMACY

Please list your preferred pharmacy:

Pharmacy name: _____

Pharmacy location: _____

MEDICATION HISTORY CONSENT

Our electronic medical record system offers the capability to access recent prescriptions that you have filled in various locations and from various providers. This is a benefit to both you and our practice to be able to reconcile your medications within our system.

- I give consent to the practices listed above to access my medication history.
 - I do not give consent to the practices listed above to access my medication history.
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Patient Signature: _____

Date: _____