

The Clinic for Neurology, P.A.
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Electronic Consent Form

Acknowledgement of Electronic Submission of Prescription, Consent to Retrieve Medication History, and Consent for Referrals.

I authorize The Clinic for Neurology, P.A. to submit the following electronically:

- Prescriptions to my preferred pharmacy
- Retrieve my prescription history via the SureScripts clearinghouse
- Make referrals on my behalf and share relevant clinical and demographic information

Patient Name (Printed): _____

Patient Address: _____

Patient E-Mail Address: _____

Patient Signature: _____

Date: _____

Please complete the following questions:

• Patient Pharmacy: _____

• Which is your dominant side? RIGHT or LEFT

You may choose to decline the following questions:

• Race: _____

• Hispanic or Non-Hispanic