

The Clinic for Neurology, P. A.
185 Chateau Drive
Suite 301
Huntsville, AL 35801

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Scott C. Hitchcock, D.O.

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Electronic Consent Form

Acknowledgment of Electronic Submission of Prescriptions, 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 SureScript clearinghouse
- Make referrals on my behalf and share relevant clinical and demographic information

Patient Name (Printed): _____

Patient Address: _____

Patient E-mail Address: _____

Please complete the following questions:

- Patient Pharmacy: _____
- Which is your dominate side? RIGHT or LEFT

You may choose to decline the following questions:

- Race: _____
- Hispanic Non-Hispanic Unknown Decline

Patient Signature

Date

We appreciate your patience.