



701 University Blvd. E. Suite 400

Tuscaloosa, AL 35401

205-752-0694

Dr. William A. Hill, Jr

Dr. L. Anne Lewis

Dr. Bradley Proctor

Dr. John A. Mantle

Dr. Amit K. Shah

Greg Hamrick, CRNP

Dr. Jeffrey K. Anderson

Dr. Ed Carraway

Caleb Elmore, CRNP

Medication History Consent Authorization

By signing below, I hereby authorize Cardiology Consultants, P.C. to obtain my Medication History from Community Pharmacies and/or Pharmacy Benefit Managers for the purpose of Continued Treatment.

Date of Authorization

Print Name

Date of Birth

Signature (Patient/Legal Representative or Parent/Legal Guardian)

I understand that this authorization is revocable upon written notice to the office where the original authorization is retained, except to the extent that action has already been taken on this authorization. Cardiology Consultants, P.C. may not condition the provision of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of this authorization.

Pharmacy _____

Location _____