

**STANDING CONSENT TO ACCESS EXTERNAL  
PRESCRIPTION HISTORY**

**PLEASE SIGN ONLY AFTER YOU HAVE READ AND UNDERSTAND ALL OF THE FOLLOWING**

I, \_\_\_\_\_, whose signature appears below, authorize Eric K Tondera DC PC view the external prescription history via the RxHub service for the patient listed below.

**Please initial.**

By initialing, you are agreeing to the respective terms and conditions set below and are fully agreeing to the terms above.

\_\_\_\_\_ I understand that prescription history from multiple other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be viewable by my providers and staff here, and it may include prescriptions back in time for several years.

\_\_\_\_\_  
Patient Name: \_\_\_\_\_

**MY SIGNATURE CERTIFIES THAT I READ AND UNDERSTAND THE AND THAT I AUTHORIZE THE ACCESS.**

Signature of Patient or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

If Guardian, Relationship to Patient \_\_\_\_\_