

CONSENTS:

PATIENT NAME (PRINTED) _____

Prescription Medication Consent Form:

The Provider at Bayside Plastic Surgery uses an electronic medical record system that allows electronic prescribing of medications. Medications are sent to your pharmacy through a secure electronic prescription connection (Rx Hub) which improves the timely and accurate transmission of your medication information.

To optimize the use of this electronic capability, and coordinate your care between us and your specialists, we ask that patients allow us to access their medication history through the RxHub. Please check only one of the following:

_____ I consent to allow my provider to access all of my medication history

_____ I consent to allow my provider to access only my medication history for medications prescribed in this office.

_____ I DO NOT consent to my provider accessing any of my medication history.

Signature

Date

Consent for Photography:

I, _____ consent to the photographing of the operation(s) or procedure(s) to be performed including appropriate portions of my body for charting and/or insurance purposes ONLY, provided my identity is not revealed in my pictures.

Patient Signature: _____ Date: _____

Additional fee consent:

There is a \$250 form fee for any FMLA, out of work, disability (etc.) form that need to be filled out by the provider.

There is a \$1 per page copying charge for any records you need to obtain.

There is a \$50 NO CALL/NO SHOW fee or BOUNCED CHECK fee for any person not giving 24 hours notice to the office regarding a cancellation or showing insufficient funds for a check.

Patient Signature: _____ Date: _____