



DuPage Foot & Ankle

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Medication History Authorization

Dear Patient,

We are implementing a new Electronic Medical Record (EMR) system that will be able to automatically import your medication history from other, outside places (such as pharmacies). In order to transfer your current and past medication lists to the new EMR, we must have your authorization. Please read the statement below and sign where indicated.

Thank you for your assistance and patience during this transition.

By signing below, I hereby authorize DuPage Foot & Ankle to transfer my medication history.

Patient Name

Date of Birth

Patient/Guardian Signature

Date