



MEDICATION CONSENT

IN ORDER TO ENSURE THAT THE TREATMENT YOU RECEIVE AT SALMON CREEK PLASTIC SURGERY DOES NOT CONFLICT WITH ANY OF YOUR EXISTING TREATMENTS, WE WOULD LIKE TO RETRIEVE YOUR PRESCRIPTION HISTORY ELECTRONICALLY FROM THE SURESCRIPTS PHARMACY CLEARING HOUSE.

PLEASE CHECK ONE OPTION BELOW:

- ACCEPT
- DECLINE

PRINT NAME: _____

SIGN: _____ DATE: _____

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