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Phone: 574-825-8685

OSMC Nappanee
3000 North Main Street
Nappanee, IN 46550
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CONSENT TO ACCESS EXTERNAL MEDICATION HISTORY

By signing this consent it allows OSMC to obtain my external medication history from pharmacies. I understand that all prescriptions prescribed elsewhere and by other doctors will be electronically entered into my chart.

This consent is valid for one year from the date signed and my medication list may be extracted each time I have an appointment with the physician or when having any communication with the physician or nursing staff.

I am still responsible to notify the physician verbally of any changes in my medication or health history that may affect my care.

Print Patient Name

Date of Birth

Patient Signature

Date: _____

Parent/Personal Representative Signature

Print Name

Date: _____

OSMC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, religion, pregnancy, sex, sexual orientation, gender identity, age, or disability.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-398-2058.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1- 800-398-2058。