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Good Medicine Takes Time

Consent to Obtain External Prescription History

I, _____, whose signature appears below, authorize Dr. Thomas Susko to view my external prescription history.

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

MY SIGNATURE CERTIFIES THAT I HAVE READ AND UNDERSTAND THE SCOPE OF MY CONSENT AND THAT I AUTHORIZE THE ACCESS.

Patient Signature _____ Date _____