

MEDICATION POLICY

Port City Neurosurgery & Spine does not typically prescribe pain medication unless a patient has had surgery. If you are in need of pain medication and you have not had surgery within the past 90 days, please contact your primary care doctor or pain management doctor first to request medications.

PATIENT MEDICATION CONSENT FORM

I do hereby give Port City Neurosurgery & Spine, P.C. consent to access my medication history electronically.

Pharmacy Name(s): _____

Pharmacy Location and Phone Number (if known): _____

I understand that electronically accessing my medication history allows my doctor to receive critically important information on my current and past prescriptions and to become better informed about potential medication issues. It is my responsibility to keep both my pharmacy and my medical providers up to date with any demographic changes. I also understand that not all pharmacies allow electronic access and it is my responsibility to update PCNS of any changes in my medication.

Patient Name (please print): _____

Date of Birth: _____

Signature: _____

Relationship to Patient: _____

Date: _____

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