



DAJA
Health

Consent to Obtain External Prescription History

I, _____, whose signature appears below, authorize DAJA HEALTH, LLC., and its providers to view my external prescription history via the OPTIMANTRA EHR system. I understand that this includes but is not limited to prescription history from other unaffiliated medical providers, insurance companies, or pharmacy benefit managers may be viewable by providers and staff at DAJA HEALTH. This also may include prescriptions dating back several years.

MY SIGNATURE CERTIFIES THAT I HAVE READ AND UNDERSTOOD THE CONSENT TO OBTAIN EXTERNAL PRESCRIPTION HISTORY

Patient Signature _____ Date _____

6305 Ivy Lane, Suite 260. Greenbelt MD 20770
P: 301-552-3500. F: 866-207-0983
www.dajahealth.org