



*setting the pace of orthopaedic care*

By signing below I give permission for Asheville Orthopaedic Associates, PA 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 providers and staff here, and it may include prescriptions back in time for several years.

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Patient Date of Birth Date

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Witness Date