First Flight Health Centers™

Consent for Clinical Pharmacy Services

You have been referred to our clinical pharmacist for management of a chronic condition. State law allows for pharmacists under a Pharmacist Consult Agreement, to be given authority to order labs; refill medications; and initiate, modify, or discontinue treatment related to the disease states and medication therapies outlined in the agreement. Documentation of the pharmacist's consult and therapy changes will be sent to the consulting provider via the electronic medical record.

Patient Name: _____ Date of Birth: _____

Referring Provider: _____

I hereby authorize the clinical pharmacist team contracted with First Flight Health Centers to manage and modify medication therapy for the primary and comorbid conditions for which I have been referred.

I understand that my provider has given the clinical pharmacist permission to modify my existing therapy and they will work closely with my provider to monitor my care.

I understand that I can terminate this agreement if at any time I would not like the clinical pharmacist involved in my care.

I have fully read and understand the above information and have had the chance to have all my questions regarding this relationship answered.

Patient
Signature: _____ Date: _____