**MEDICATION LIST REQUEST**

FROM:

 {practice.name}

 {loc.address1} {loc.address2}

 {loc.city}, {loc.state} {loc.postalCode}

 Phone: {loc.mainPhone}

 Fax: {loc.fax}

TO:

 Medical Records Department

 Fax: {to.fax}

 Provider: {to.firstName} {to.lastName}

To aid in the treatment of our mutual patient, please send the most current medication list for:

 Name: {pat.firstName} {pat.lastName}

 DOB: {pat.dob}

Fax is preferred. Thanks!

As per the General Provisions at 45 CFR 164.506 (the Health Insurance Portability and Accountability Act of 1996), section c.2, "A covered entity may disclose protected health information for treatment activities of a health care provider." Under this law, a patient signature or authorization is not required for this release of information to this health care provider's office.