

**ADVANCED SURGICAL ASSOCIATES OF NEW JERSEY**

**TWO CAPITAL WAY, SUITE 356**

**PENNINGTON, NJ 08534**

**Medication History & Medication Benefits Consent**

I give permission for Advanced Surgical Associates of New Jersey to obtain my current Medications and Medication History from the Surescripts Pharmacy Clearinghouse.

I understand that this information will be stored in my Electronic Health Record and may be used in the normal course of my treatment at Advanced Surgical Associates of New Jersey.

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Patient Signature

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Date