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**Consent for Release of Prescription History**

I authorize Michael J. Doyle, M.D., PLLC to access my prescription history from unaffiliated medical providers, insurance companies and pharmacy benefit managers to help keep my medical record as complete as possible.

I understand that my prescription history from other sources may be viewable by the providers and staff within Michael J. Doyle, M.D., PLLC and may include prescriptions dating back several years.

MY SIGNATURE CERTIFIES THAT I READ AND UNDERSTAND THE SCOPE OF MY CONSENT AND THAT I AUTHORIZE THE ACCESS.

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature