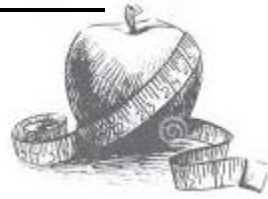


SALMAN AHMAD, M.D., P.A.

WEST TEXAS WEIGHT LOSS AND ESTHETICS

2345 50th Street, Ste. 500, Lubbock, Texas 79412 (o) 806-701-5797 (f) 806-701-5798



Rx Consent Authorization

I _____, I understand that SALMAN AHMAD, M.D., P.A. and WEST TEXAS WEIGHT LOSS AND ESTHETICS are requesting to view my prescription history from external source. This will allow them to obtain a list of my medications that I have been prescribed.

Please check the following consent you authorize:

_____ Rx history consent denied

_____ Rx history consent approval

Patient Signature

Date