



**EAR, NOSE & THROAT  
SPECIALISTS**  
*of Northern Virginia, P.C.*

**PROFESSIONAL  
HEARING SERVICES**

*The Dizziness and Balance Center  
The Hearing Aid Center*

## MEDICATION AUTHORIZATION FORM

### Permission for Electronic Prescriptions

By signing this form, I give permission for Ear, Nose & Throat Specialists of Northern Virginia, PC, to access my past and current medications from outside pharmacies electronically, as well as to send any prescriptions electronically to the pharmacy.

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Patient's Name (please print)

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Signature

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Date