

Southwest Neurology, P.A.  
Walter L. Taylor, M.D.

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Please sign below authorizing Southwest Neurology and staff to obtain and review your prescription history profile. This will help ensure any medication given does not counter act with any of your current medications and to obtain your correct current medications and dosages.

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

Patient Signature: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_