

**Patient Request for Medication Change and
Verification of Informed Consent for Change of Therapy**

Information Regarding This Change: My signature below will verify that I have requested my Physician or/or Practitioner to adjust my medication to lower priced generics.

My Physician and/or Practitioner has explained to me the necessity for the medication that I am currently on and the reasons they feel, in their medical judgment, that this is the best medication for me at this particular time. My Physician and/or Practitioner has also informed me of the fact that the insurance company has selected agents, not on the basis of optimizing safety and efficacy for my particular condition, but to optimize their profits through a series of low cost generics, usually purchased from over seas sources, and/or rebates from pharmaceutical companies.

The potential benefits and reasonable risks and alternative to my request for medication change have been explained. I am aware that the practice of medicine is not an exact science and no guarantees have been made as to the effects of this requested change in medication.

My signature verifies that I understand this information and that I have no further questions and that I have given my consent for my Physician or Practitioner (or their designee) to change my medication as requested.

Students: As a patient of Idaho Diabetes and Endocrine Associates, P.A., I understand that individuals being trained in health care may participate in my care. I consent to their presence and assistance under general supervision according to the policies and procedures then in effect for Idaho Diabetes and Endocrine Associates, P.A..

Signature of Patient

Date and Time

The patient is unable to sign because _____.

For this reason, I hereby verify that I have given my consent on behalf of the above named patient as stated above.

Signature of Patient's Representative

Date and Time

Relationship to Patient

Signature of Witness

Date and Time

The signature of the Witness signifies that they have spoken with the patient or representative and verified that the patient or representative has spoken with their physician or practitioner, and indicates they understand the information given to them as described above, has no further questions and consents to the procedure.

Signature of Physician or Practitioner

Date and Time

Physicians and Practitioners have the option of either signing here or documenting elsewhere in the patient's medical record that they have explained the nature of the requested change in medication and the specific benefits, risks and alternatives of the requested change, as described above, with the patient or the patient's representative and that the patient or patient's representative has insisted on the change in medication.