

1110 2nd Avenue  
Suite 305  
New York, NY 10022  
Tel. 212.751-8530  
Fax 212.751-8544

PLEASE REVIEW

**E-PRESCRIBING CONSENT FORM**

E-Prescribing is defined as a physician's ability to electronically send an accurate, error free and understandable prescription directly to a pharmacy from the point of care. E-Prescribing greatly reduces medication errors, and enhances convenience for the patient while maximizing patient safety. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. The New York's I-STOP legislation, electronic prescribing of both controlled and non-controlled substances became mandatory as of **March 27, 2016**.

These include:

- Formulary and benefit transactions – Gives the prescriber information about Medication history transactions – Provides the physician with information about medications the patient is already taking to minimize adverse drug events.
- Fill status notification – Allows the prescriber to receive an electronic notice from the pharmacy telling them if the patient's prescription needs to be refilled, has been picked up, not picked up, or partially filled.

By signing this consent form, you are agreeing that Scott Froum, DDS P.C., can electronically transmit your prescriptions directly to your pharmacy. E-Prescribing is **no longer** an optional service. Please note that consenting to E-Prescribing also permits the use of your prescription medication history from other healthcare providers and/or third-party benefit payors (i.e., your insurance company) for treatment purposes only.

Understanding all of the above, I hereby provide informed consent to Scott Froum, DDS P.C to enroll me in the E-Prescribe Program.

\_\_\_\_\_  
Signature of Patient (or Guardian)

\_\_\_\_\_  
Date of Birth

**E-Prescribing requires you to provide us with you preferred pharmacy information below. Please fill out the following information:**

\_\_\_\_\_  
**Pharmacy Name**

\_\_\_\_\_  
**Location-(City and Street Name)**

\_\_\_\_\_  
**Pharmacy Telephone Number**