



**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. Congress has determined the ability to electronically send prescription’s is an important element in improving the quality of patient care. E-Prescribing greatly reduces medication errors and enhances patient safety. The Medicare Modernization Act (MMA) of 2003 listed standards that have to be included in an E-Prescribe program.

By signing this consent form you are agreeing that Norfolk Medical Group, LLC can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

Understanding all of the above, I hereby provide informed consent to Norfolk Medical Group, LLC to enroll me in the E-Prescribe Program. I have had the chance to ask questions and all of my questions have been answered to my satisfaction.

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Signature of Patient, Parent or Guardian

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Pharmacy