



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