

Name:

Chart:

Date:

DOB:



Acct #: \_\_\_\_\_ Name: \_\_\_\_\_

## ePrescribing

Advanced Orthopaedics & Rehabilitation is in the process of implementing ePrescribing.

ePrescribing is a federally mandated initiative that requires all physicians prescribe in this manner by 2011.

ePrescribing software sends prescriptions over the internet to your preferred pharmacy in a safe, secure way, through the same technology used by credit card companies. This helps protect the privacy of your personal information.

ePrescribing software also lets your doctor see important information - like drug interactions and your prescription history.

The benefit to you:

- Less confusion caused by handwritten prescriptions and unclear phone calls
- Reduced possibility of medical errors
- Less chance of adverse drug reactions
- Fewer trips to the pharmacy
- A safer, faster, easier way to get your prescription filled

### Patient Preferred Pharmacy

Complete Pharmacy information below to indicate which pharmacy your electronic prescriptions will be sent.

\_\_\_\_\_  
Preferred Pharmacy Name / Phone Number

\_\_\_\_\_  
Preferred Pharmacy Address / Street, City, State, Zip

### Patient Consent

I agree that Advanced Orthopaedics & Rehabilitation may request and use my prescription medication history from other healthcare providers or third party pharmacy benefit payors for treatment purposes.

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

\_\_\_\_\_  
Date

### Patient Decline

I decline that Advanced Orthopaedics & Rehabilitation may request and use my prescription medication history from other healthcare providers or third party pharmacy benefit payors for treatment purposes. This does not prevent Advanced Orthopaedics & Rehabilitation from ePrescribing.

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

\_\_\_\_\_  
Date