



E-PRESCRIBING CONSENT FORM

PHYSICAL MEDICINE AND REHABILITATION OF LONG ISLAND HAS IMPLEMENTED E-PRESCRIBE IN OUR ONGOING EFFORTS TO MAXIMIZE PATIENT SAFETY.

PATIENT BENEFITS:

- LESS CONFUSION OVER HANDWRITTEN PRESCRIPTIONS OR UNCLEAR PHONE MESSAGES
- REDUCED POSSIBILITY OF MEDICAL ERRORS
- LESS CHANCE OF ADVERSE DRUG REACTIONS
- FEWER TRIPS TO THE PHARMACY
- A SAFER, FASTER AND EASIER WAY TO GET YOUR PRESCRIPTION FILLED

PLEASE LIST ANY DRUG ALLERGIES:

PATIENT NAME: _____ DOB: _____

PHARMACY NAME: _____

TOWN OR ZIP CODE: _____

PHONE #: _____

PATIENT CONSENT: I AGREE THAT PHYSICAL MEDICINE AND REHABILITATION MAY REQUEST AND USE MY PRESCRIPTION MEDICATION HISTORY FROM OTHER HEALTHCARE PROVIDERS OR THIRD-PARTY PHARMACY BENEFITS PAYERS FOR TREATMENT PURPOSES.

PATIENT SIGNATURE

DATE