



The Nation's E-Prescription Network

Section I: Prescriber Information

*Prescriber First & Last Name:

Practice/Clinic Name:

*Practice Address:

*Phone Number:

() —

*Fax Number:

() —

*NPI Number:

*DEA Number:

*Surescripts Case Number:

Section II: New Vendor Information:

*Vendor Name: (Surescripts is NOT a vendor)

Select e-Prescribing Services:

- NEWRX Med History
 REFILL Eligibility

*Effective Date: / /

*Authorized By: (Sign & Print)

By signing the above I hereby certify that I am authorized by the prescribing physician to make changes on their behalf.

Please allow up to 48 hours for your request to be completed.

**Prescriber Vendor Release Form
Fax Completed Form to 703-738-2388**

- Switching Vendors**
Ex: The prescriber already e-Prescribes but will be using a new software solution.
- Adding a New Refill Capable Location w/ a New Vendor**
Ex: The prescriber wants to setup a new e-Prescribing capable location with the refill service level at a new physical address and with a new vendor.

If you have any questions concerning this form please contact Surescripts Support.

1-866-RxReady (866-797-3239)
Option 1, Option 1

General Instructions

- Prescriber or prescriber's representative (i.e., office manager) must complete this form in its entirety.
- All fields marked with an asterisk (*) are required. Incomplete forms will not be processed by Surescripts.

Section I: Prescriber Information

- All fields are required (except Practice/Clinic Name).
- If both DEA and NPI are available, then please supply both. Otherwise only the DEA or NPI is required.
- PO Box number cannot be included in the address.
- Please ensure that the fax number provided is one to which refill requests can be faxed in the event of a network issue.
- Case Number: Your *new* ePrescribing software vendor will create a Surescripts case to track this change request. Contact your *new* ePrescribing software vendor to obtain a Surescripts case number. Forms without Surescripts case numbers will not be processed.

SECTION II: NEW VENDOR INFORMATION

- Please insert the name of your *new* ePrescribing software vendor on the line provided. (Surescripts is NOT a software vendor)
- Effective Date: List the date on which you would like the request to take effect. Forms without effective dates will not be processed.



Provider Demographics Sheet

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|--|--|
| *Last Name | |
| *First Name | |
| *Credentials | |
| *Specialty | |
| *Provider Role | <input type="checkbox"/> Attending <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> PharmD |
| Attending Provider <small>(if Resident, Fellow or PharmD)</small> | |
| Rotation Days | |
| Start Date | |
| *End Date | |
| *NPI | |
| *DEA | |
| *Email Address | |

*indicates required item

Sign your name in box below.

Make sure it does not go outside or touch the lines.

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