



E-PRESCRIBING CONSENT

E-prescribing refers to a system used to submit prescriptions electronically to a pharmacy of your choice. By eliminating paper, e-prescribing creates a more efficient and safer process for patients to access their medications. This electronic process helps to prevent, and in some cases eliminate, the top reasons for prescription errors, which improves patient safety. E-prescribing systems also store and transmit your prescription information and medication history so that your health care providers and health insurers may quickly obtain information about the drugs covered under your benefit plan as well as the drugs you may already be taking, in order to minimize the number of adverse drug events.

By signing below, you provide your consent for The Eye and Vision Center and its providers to electronically submit your prescriptions through the e-prescribing system described above and to request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

This consent will remain in effect until you withdraw it. You may withdraw your consent at any time except to the extent it has already been relied upon. Your decision not to sign this form will not affect your ability to receive medical care or your ability to receive your prescriptions through alternative means.

Patient Name:(Please Print) _____

Patient or Guardian Signature: _____

Relationship to Patient (for guardian signatures): _____

Date: _____