

WASHINGTON MEDICAL GROUP, P.C.

ePrescribing Consent Form

Patient Name: _____ Patient ID# _____ Date: _____

Washington Medical Group, P.C. has implemented ePrescribing in our office.

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 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 over handwritten prescriptions or unclear phone calls
- Reduced possibility of medical errors
- Less chance of adverse drug reactions
- Fewer trips to drop off at the pharmacy
- A safer, faster, easier way to get your prescription filled

Patient Consent

I agree that Washington Medical Group, P.C. may request and use my prescription medication history from other healthcare providers or third party pharmacy benefit payors for treatment purposes. Also, I understand that the pharmacy information I provided below will be kept in my records as the sole pharmacy I will use to obtain my medications from.

****CVS at 6 DuPont Circle will be selected automatically if you do not provide a pharmacy! ****

Patient Name

Patient Signature

Witness

Pharmacy Name

Address

Telephone #

Fax #

This consent form is valid for one calendar year.

1327 18th Street, N.W. □ Washington, D.C. □ 20036 □ Tel: (202) 785-2400