

Robert M. West, D.O.
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E-Prescribing Consent Form

ePrescribing is defined as a physician's ability to electronically send an accurate, error free and understandable prescription directly to a pharmacy from the point of care. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. ePrescribing greatly reduces medication errors and enhances patient safety.

By signing this consent form you are agreeing that Robert M. West, D.O. can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

I hereby provide informed consent to Robert M. West, D.O. to enroll me in the ePrescribing Program. I can register and monitor my account through www.RelayHealth.com. I have had the chance to ask questions and all of my questions have been answered to my satisfaction.

Patient Name (Print)

Date

Signature of Patient

Date of birth

Patient email address

Pharmacy name

Pharmacy Phone #

Pharmacy address/location