

The Nation's E-Prescription Network

Section I: Prescriber Information

Prescriber First & Last Name: Practice/Clinic Name:	
*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
ш	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.
1.5	you have any guestions concerning this

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 effectives dates will not be processed.