

**PARADISE PEDIATRICS**  
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**ePrescribing**

ePrescribing is defined as a physician's ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy. Congress has determined the ability to electronically send a prescription is an important element in improving the quality of patient care. ePrescribing greatly reduces medication errors and enhances patient safety. The Medicare Modernization Act (MMA) 2003 listed standards that have to be included in an ePrescribe program.

- Formulary and Benefit transactions – gives the prescriber information about which drugs are covered by the drug plan.
- Medication history transactions – provides the physician with information about medications the patient is already taking to minimize the number of adverse drug events.

By signing this consent form you are agreeing that **Paradise Pediatrics, PL** can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payers for treatment purposes.

Understanding all of the above, I hereby provide informed consent to **Paradise Pediatrics** to enroll me in the ePrescribe program. I have had the chance to ask questions and all of my questions have been answered to my satisfaction.

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Messages**

Please call my: [ ] home [ ] work [ ] cell \_\_\_\_\_

If unable to reach me you may:

[ ] leave a detailed message [ ] leave a message asking me to return your call

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_