

**Ophthalmology Associates  
1670 Capital Street  
Suite 100  
Elgin, IL 60124**

**E – Prescribing**

**Patient Name:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_

**E-Prescribing is a federally mandated initiative that requires all physicians prescribe in this manner by 2011.**

**E-Prescribing 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.**

**E-Prescribing 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 reaction**
- **Fewer trips to drop off at the pharmacy**
- **A safer, faster, easier way to get your prescription filled**

**Patient Consent**

**I agree that Ophthalmology Associates may request and use my prescription medication history from other healthcare providers or third party pharmacy benefit payors for treatment purposes.**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**