One Touch EMR

E-prescribing Verification Request Form

UNFORTUNATELY WE NO LONGER ACCEPT THIS FORM VIA FAX. PLEASE DO NOT FAX THIS FORM. FAX SUBMISSIONS WILL NOT BE PROCESSED.

SCAN & EMAIL THIS COMPLETED FORM TO SUPPORT@ONETOUCHEMR.COM

Note: If any of the below information is missing, we will not be able to complete your request. A separate request form must be completed for each provider in your practice.

Provider's Name _____

Provider's One Touch EMR Practice ID _____

Provider's One Touch EMR Username _____

Today's Date _____

Provider's NPI# (not practice NPI) _____

DEA# _____

Provider's Signature _____

Do you already have an e-prescribing vendor? _____

Please include a scanned copy of your state medical license & driver's license below. <u>Please ensure they are legible</u>

Copy of **state medical license** goes here
(MUST BE CURRENT AND VALID)

(Please scan & make sure copies are legible. If illegible we will be unable to process your request)

Copy of **driver's license or passport** here
(MUST BE CURRENT AND VALID)

(Please scan & make sure copies are legible. If illegible we will be unable to process your request)

IMPORTANT! PLEASE CHECK THAT YOU HAVE COMPLETED THE FOLLOWING BEFORE EMAILING YOUR FORM:

- Correct Practice ID and **PROVIDER** username have been supplied
- State medical license is current and valid. We will **not** accept DEA registration paperwork
- The **PROVIDER** has signed the form

Note: By completing this form, you are authorizing One Touch EMR to file a service switch on your behalf. If a switch is required, this can impact the turn-around time on processing your request. You will be notified via email once you have been enabled to e-prescribe with One Touch EMR