

Application to do ePrescribing

Instructions: Please complete the following form for each provider. Print each form on your **LETTERHEAD**. Then, fax form(s) back to the fax number below.

Name of Practice:
Address Line1:
Address Line2:
City:
State:
Zip Code:
Date:
Partner Type: Prescriber
eRx Script Version: 10.6
Dr NPI:
Dr First Name:
Dr Middle Name:
Dr Last Name:
Dr Prefix:
Dr Suffix:
Practice Primary Phone:
Practice Primary Fax:
Practice Email:

Signature: _____

Date: _____

Practice Today
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FAX (323) 328-1708
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