

ADVANCED ORAL SURGERY OF THE FINGER LAKES
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E-Prescribing / Medication History Consent Form

As of March 2015 all NYS prescribers will be required by law to send prescriptions electronically. Advances Oral Surgery of the Finger Lakes (AOS) falls under this jurisdiction. This measure is intended to ensure the highest level of quality patient care and to enhance patient safety. The following are standards that are to be included in an e-prescription program:

- **Formulary and Benefit Transactions:** Gives AOS information about which drugs are covered by the patient's drug benefit plan.
- **Medication History Transactions:** Provides AOS with information about medications the patient is already taking to minimize the number of adverse drug events.
- **Fill Status Notification:** Allows AOS to receive notification from the pharmacy of the status of prescriptions sent by AOS.
- Also, this is notice that AOS will utilize the **New York State Prescription Monitoring Program** on all patients prescribed controlled substances as required by NYS law.

By signing below I indicate my understanding of all of the above and I give permission for Advanced Oral Surgery of the Finger Lakes (AOS) to access my pharmacy benefits data electronically through Allscripts Healthcare, LLC. This consent will enable AOS to request and use my prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

Print Patient Name

Patient DOB

Signature of Patient or Guardian

Relationship to Patient

Preferred Pharmacy

Today's Date