



PIERRE PHYSICIAN GROUP PA
ELECTRONIC PRESCRIPTIONS (E-Prescribing)

I voluntarily authorize Pierre Physician Group PA to allow E-Prescribing for my prescriptions, which allows the health care providers to electronically transmit prescriptions to the pharmacy of my choice; review pharmacy benefit information and medication dispense history as long as I am a patient in this office, or until I withdraw my consent.

Signature of Insured or Parent/Guardian _____

PRINTED NAME _____ DATE _____