



ScriptSure Add Prescribing User Form

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

INCLUDE COPIES OF THESE 3 DOCUMENTS WITH FORM OR USER WILL NOT BE ADDED:

DEA LICENSE CERTIFICATE **STATE LICENSE CERTIFICATE** **DRIVER'S LICENSE**

DOES THE USER BELOW REPLACE AN EXISTING USER? YES _____ NO _____ (if no, charges apply)

If YES, who is the replaced user? _____

SPECIFY USER TYPE: (full-time, part-time, or covering)	
First Name:	
Last Name:	
Title: (M.D., D.O., etc.)	
E-Mail Address:	
DEA:	
State License:	
NPI:	
DETOX: (if available)	
Driver's License Number: (include State abbreviation)	

ALL FIELDS REQUIRED

ABOVE NAMED PRESCRIBER MUST READ & SIGN BELOW: VERIFY YOUR E-MAIL ADDRESS ABOVE!

Your login will be e-mailed to the address provided. Safeguard your login; anyone given your login info will be able to access and use ScriptSure under your name. ScriptSure has a "PRESCRIBE USING" function; you may give access to supporting users to create prescriptions for you prior to signing or electronically sending. Verify you approve of any users given such access. If you are unsure how to do this, please call support at 1-866-755-1500. By signing below, you represent:

- you are the above named user and work at the above named business,
- you agree to be added to ScriptSure as a user & be registered for E-Prescribing with SureScripts,
- you have read and agree to EULA located here: www.dawsystems.com/pdf/daweula.pdf
- the information contained herein is correct and that you are currently licensed to prescribe.

PRESCRIBER SIGNATURE: _____ **DATE:** _____

RETURN TO: sales@dawsystems.com OR Fax: 518-533-3793 OR Alt Fax: 518-220-9419