Official Prescription Program Order Form

• Complete items 1-5. An incomplete form may result in the delay of your order.

• **Do not send this order form in until you have:**

  - registered with the NYS Official Prescription Program. Registration can be completed online through the Health Commerce System using the application called ROPES (Registration for Official Prescriptions and E-Prescribing Systems).

  - a *current* registration certificate, if you maintain one, from the Drug Enforcement Administration. For questions, contact: **www.deadiversion.usdoj.gov.**

• Send order form to: Taylor Communications
Official NYS Prescription Program
111 West First Street
Dayton, OH 45406

• If you have questions about Official Prescriptions, call the New York State Official Prescription Program at **1-866-772-4683.**

1. NYS License Number ☐☐ – ☐☐☐☐☐☐

2. Drug Enforcement Administration (DEA) Number (if applicable) ☐☐ – ☐☐☐☐☐☐☐

DEA Registered Address: Prescriptions can only be printed and shipped to the address printed on your Drug Enforcement Administration (DEA) Registration. If you do not have a DEA registration, prescriptions can only be printed and shipped to your Primary Practice address registered with the NYS Official Prescription Program.

Name _____

DEA Registered Address _____

_____

Phone Number to Print on Prescription Pads (☐☐☐) ☐☐☐ – ☐☐☐☐

3. Number of Books *(20 book maximum. Order only up to a one-month supply of Official Prescriptions.)*

☐ 1 *(100 Rx)*   ☐ 5 *(500 Rx)*   ☐ 10 *(1,000 Rx)*   ☐ 15 *(1,500 Rx)*   ☐ 20 *(2,000 Rx)*

By my signature, I certify that I am registered with the DEA (if applicable) and that a current order of the Commissioner of Health revoking or canceling use of such forms has not been served to me.

4. Signature _____ **5. Date** _____

CONTACT NAME:_____ EMAIL:_____ PHONE:_____

ATTENTION PHYSICIAN ASSISTANT

Orders *must* also contain the name, license number and DEA number (if applicable) of the Supervising M.D.

Orders not containing this information *will not be processed*.

Supervising M.D. Name _____

Supervising M.D. License Number _____

Supervising M.D. DEA Number _____