



Electronic Prescription of Controlled Substance(s) Request Form

Please fill out all mandatory fields Information with an asterisk* is required (please print)

Practice Information

*Practice Name: _____

*Practice Address: _____

*Practice City, State, Zip _____

Provider Information

**** The NPI provided below *must* match the name provided on this form on the NPI Registry**

**** If there is a security freeze with Experian, it needs to be unfrozen. as Dr. First verifies identity based on Experian profile The e-mail provided below is where you will receive correspondence in regards to your EPCS enrollment process as well as your invitation from DrFirst EPCS Gold to start the onboarding process.**

*First Name: _____ Middle Initial ___ Last Name: _____

*Provider's Home Address _____

*Provider's Personal E-mail: _____

*Provider's Individual NPI: _____

*Provider's DEA: _____ *Provide a copy of your DEA License

❖ Replacing a lost or damaged token will incur a \$50 replacement Non-refundable fee.

By signing below, (1) you are certifying that the above information is accurate and complete and that you have the legal authority and are licensed to prescribe controlled and non-controlled substance(s) in the state where you practice; (2) you consent to Comtron's use of the above information to verify your identity, your authority to prescribe medication, your licensure in the state you practice and your ability to e-prescribe controlled and non-controlled substance(s) in Medgen EHR, including the right to disclose the information to third parties, if necessary, and (3) you authorize Comtron to charge the credit card below an initial implementation fee of \$195 and an annual reoccurring charge of \$195 thereafter (4) you agree to retain a copy of any and all security incident reports created by you or Comtron. Any security incident that is discovered must be filed with the DEA and all security incident reports must be retained for a minimum of 2 years. Any security incident reports generated by your practice must also be forwarded to Comtron Corp. (5) you agree to the prohibition in which the DEA prohibits all users from using a hard/soft token that is on the same computer or device they are using to transmit a prescription.

*Provider's Signature: _____ *Date: _____

Credit Card Information

****Pre-paid credit cards are not acceptable. ****

Note: An Annual Fee of \$195.00 (non-refundable) will be charged to the credit card below. This charge includes our processing fee as well as fulfills the mandatory requirement for provider verification with Dr. First.

*Card #: _____

*Verification Code on back of card: _____ (Circle One) **Visa MasterCard Amex Discover**

*Expiration Date: _____

*Name on Card: _____

*Cardholder's Billing Address: _____

Email **completed form to:** Medgensupport@Comtronusa.com