

**SCAN & UPLOAD THIS COMPLETED FORM AT
WWW.PRACTICEFUSION.COM/CONTACTSUPPORT**

*Notes: To upload this form, select **eRx Submission** from the **Case Issue** menu. If any of the below information is missing, we will not be able to complete your request. A separate form must be completed for each provider in your practice. Please upload the form and licenses for one provider in the same attachment.*

Provider's Name _____

Provider's Practice Fusion Practice ID _____

Provider's Practice Fusion Username _____

Today's Date _____

Provider's NPI# (not practice NPI#) _____

DEA# _____

Provider Signature _____

Please include a scanned copy of your state medical license & driver's license below. Please ensure they are legible.

Copy of state medical license here
(MUST BE CURRENT AND VALID)

(Please scan & make sure copies are legible.
If illegible we will be unable to process your
request)

Copy of driver's license or passport here
(MUST BE CURRENT AND VALID)

(Please scan & make sure copies are legible. If
illegible we will be unable to process your
request)

IMPORTANT! PLEASE CHECK THAT YOU HAVE COMPLETED THE FOLLOWING BEFORE EMAILING YOUR FORM:

- Correct Practice ID and **PROVIDER** username have been supplied
- State medical license is current and valid. We will **not** accept DEA registration paperwork
- The **PROVIDER** has signed the form

Note: By completing this form, you are authorizing Practice Fusion to file a service switch on your behalf. If a switch is required, this can impact the turn-around time on processing your request. You will be notified via email once you have been enabled to e-prescribe with Practice Fusion.