Clinician Rx User Registration Form

Please return completed form signed by the user and the office manager to the Emdeon Clinician helpdesk at fax # 615-564-4745. If you have questions, please contact us at 888-505-8691

Facility Name (Please Print):	
Facility Address(Please Print):	
Facility Phone Number:	
New User's First and Last Name (Please Print):	
New User's DOB, mother's maiden name, or last 4 digits of ssn(Please Print):	
Please list email address to send logon information(Please Print):	

Rx Permissions Requested for User Name

___ *Provider Level - Can do all Rx functions, including writing for controlled substances (PUT_MD) If checked, please see page 2.*

___ *Limited Provider Level - Can do all Rx functions, with the exception of writing controlled substances (PUT_MD_LTD) If checked, please see page 2.*

___ *View and print Authorizations list, add Allergies and Reported RX's, authorize scripts as long as they are not making any changes to them. Retrieve external drug history. Work in Rx History (PUT_RXAUTH)*

___ *Can only work in Patient Chart. Add Allergies, Reported Rx, retrieve external drug history, View Rx History and Rx Inbox (PUT_RXCHARTONLY)*

___ *View Rx Authorizations, Add Allergies and Reported Rx's, Retrieve External Drug History, Write New Rx to Hold, Change Renewals but will be placed on hold, Work in Rx History (PUT_RXHOLD)*

___ *View Rx Authorizations box, View Rx History, Add Reported Rx and Allergies and retrieve External Drug History (PUT_RXVIEW)*

By using this system, you have access to confidential patient information. Your access to this information will be recorded for security purposes to protect patient's privacy rights.

Required Signatures

	Signature	Date
User: printed		
User: signature		
Manager: printed		Title:
Manager: signature		Title:

For any user that is to get PUT_MD or PUT_MD_LTD, please list the providers below for which the user is authorized to write prescriptions.

Provider's Name (Please Print):
Provider's DEA Number:

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