

DISPENSING PHYSICIAN ASSISTANT:
This must be completed by the supervisory physician
NO FEE REQUIRED

A supervisory physician may delegate to a prescribing physician assistant the authority to dispense any medication used in the supervisory physician's practice if such medication is not listed in Section 893, F.S. A prescribing physician assistant may only dispense for a supervisory physician who is registered with the Board of Medicine as a dispensing practitioner in compliance with s.465.0276, F.S. Use additional sheets of paper as necessary.

Physician Assistant Name: _____

First

Middle Initial

Last

Physician Assistant license number: PA _____

The following physicians have delegated dispensing authority to the Physician Assistant listed above.

Physician's name: _____
First Middle Initial Last

Physician's license # ME or DO _____
Specialty _____

Physician's signature: _____

Physician's name: _____
First Middle Initial Last

Physician's license # ME or DO _____
Specialty _____

Physician's signature: _____

Please return this form to the address, email or fax number below:

Florida Board of Medicine
4052 Bald Cypress Way, Bin C03
Tallahassee, FL 32399
Telephone: (850) 245-4131
Facsimile: (850) 412-1268
MQA_Physician_Assistants@doh.state.fl.us