



Florida's Prescription Drug Monitoring Program

4052 Bald Cypress Way, Bin C-16

Tallahassee, FL 32399

Phone: (850) 245-4797

Email: e-forcse@flhealth.gov

INTEGRATION REQUEST FORM

Step 1: Complete Integration Request Form and submit to e-forcse@flhealth.gov.

Business Name:

Street Address		City
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State	ZIP Code	Telephone Number	Entity NPI or Tax ID:
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Business Type (Choose One)

<input type="checkbox"/> Health System	Number of Hospitals	
	Number of Designees	
	Number of Pharmacies	
	Number of Pharmacists	
	Number of Prescribers	
<input type="checkbox"/> Hospital	Number of Designees	
	Number of Pharmacists	
	Number of Prescribers	
<input type="checkbox"/> Pharmacy	Number of Designees	
	Number of Pharmacies	
	Number of Pharmacists	
<input type="checkbox"/> Physician's Office	Number of Offices	
	Number of Designees	
	Number of Prescribers	

Primary Contact for Business Entity

Name	Title
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Signature	Date
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Phone	Email Address
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Health Information Technology System Software Information

Vendor	Vendor Product Name
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Vendor Contact Name

Phone	Email Address
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Install Type
 On-Premise Cloud

SUBMIT completed form by electronic mail to e-forcse@flhealth.gov. Upon approval, you will receive a copy of the executed document and Service Provider License Agreement. Advance to Step 2: Complete the Service Provider License Agreement and contact Appriss Health at 877-719-3120, E-FORCSE's service provider.

For Department Use Only

Date Received	<input type="checkbox"/> Approved Entity <input type="checkbox"/> Denied Entity	PDMP Staff Signature	Date of Action
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Notes: