

## VillageScript Account Authorization and E-Sign Code Designation

Physician Name: \_\_\_\_\_ DEA# \_\_\_\_\_  
 Practice / Clinic Name: \_\_\_\_\_

I hereby request that the individual(s) listed below be provided with access to Village Fertility Pharmacy's proprietary HIPAA compliant electronic ordering system - VillageScript. I certify that these individuals have my authorization to place prescription orders on my behalf and act as my agent in that capacity.

Authorization is to be granted to these individuals to submit prescription orders solely for fertility patients currently under the care of \_\_\_\_\_.  
(Practice Name)

Name of Individual	Phone Number

I hereby authorize the above listed individuals to obtain the specific access in which I have full authority to designate. I understand that I must notify Village Fertility Pharmacy, by submitting an updated form, in order to cancel or change the access for any individual. This authorization is effective immediately and until such time as I cancel the authorized access.

I also select the following as my code for the electronic signing of these prescription orders:

My E-Sign Code: \_\_\_\_\_ NPI: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please fax or mail completed forms to:

Village Fertility Pharmacy  
 335 Bear Hill Road  
 Attn: VillageScript Admin  
 Waltham, MA 02451  
 FAX 877-334-1602