

**Template for Informing the Department of Health
Concerning the Issuance of a Paper/Fax Oral Prescription**

Reason for issuing paper/fax/oral prescription (check appropriate box):

- Temporary technological or electrical failure [PHL § 281 (3)(b)]**
- Prescription to be dispensed by a pharmacy located outside NYS [PHL § 281 (3)(e)]**
- Physician reasonably determines that it would be impractical for the patient to obtain substances prescribed by electronic prescription in a timely manner and such delay would adversely impact the patient's medical condition***

[PHL §281(3)(d)]

Patient's initials:

Physician's name:

Physician's license number:

Office Phone number:

Office Address:

Office email address:

***If prescription issued for this reason is for a controlled substance, the quantity may not exceed a five-day supply.**