



## Provider Agent Agreement

I \_\_\_\_\_, hereby affirm that except as set forth in this paragraph, I will personally  
(Physician Name)

prescribe and order the medications using the user identifier (“user ID”) and password provided to me by DrFirst. To the extent that someone other than myself uses the Rcopia/Rcopia-MU system to order medications that I prescribe for patients who are under my care (for purposes of this agreement such person is referred to as the “Provider Agent”) such person will be acting pursuant to my express written instructions and I agree that I am solely responsible for insuring that adequate documentation exists verifying that I am the prescribing physician and that such documentation will be provided to the Pharmacy dispensing such medication, and/or DrFirst, if requested.

**Date:** \_\_\_\_\_

**Practice Name:** \_\_\_\_\_

**CMO Name:** \_\_\_\_\_

**CMO Signature:** \_\_\_\_\_

**External ID/Single Sign On ID (if applicable):** \_\_\_\_\_