UNIVERSITY OF LOUISVILLE®
SCHOOL OF DENTISTRY

DENTAL INFORMATICS

REQUEST FOR RX PRINTING OF DEA AND LICENSE

This form is intended to provide information to Dental Informatics in order to facilitate the request of resident's DEA & License numbers to appear on prescriptions that are printed from within axiUm.

Provider #	Last Name/First Name	License #	DEA #	Resident Consent Signature

Requestor:		Date:
Department:		Group:
Approval Signature:		Date:
Printed Name:		
Implementer Signature:		Date:
Printed Name:		
Department Head Signature:		**Date:**

This form can be scanned and attached to a New Helpdesk Request by going to the Di-Log page located at http://ulsdam01.it-servers.louisville.edu/di-log/ and selecting "Submit Help Request" at the top or it can be dropped off at the Dental Informatics office located at: University of Louisville, School of Dentistry – RM 066

Rev. 31913-2vc