CAREKINESIS
PACE Pharmacy

Request for Access to EireneRx EPCS (e-Prescribing of Controlled Substances)

Organization:
Clinician Name:
EireneRx / EireneRxCS Username:
Email:
Mobile Phone:
Address Registered with DEA:
Country of Citizenship:
DEA Number for E-prescribing:
Clinician Signature & Date:
Medical Director Name:
Medical Director Signature & Date:

☐ **DEA registration verified (required)**

By signing this document, the named clinician and authorizing Medical Director acknowledge that the clinician has a valid, up-to-date DEA registration; that the clinician will be provided access to EireneRx functionality for electronic prescribing of controlled substances in EireneRx (EireneRxCS); and that proper use of EireneRx is the obligation of the named clinician.

Please fax this completed form to 856-234-7957.