Physician Assistant Dispensing Notification

Board of Medicine / Board of Osteopathic Medicine
P.O. Box 6330
Tallahassee, FL 32314-6330
Fax: (850) 488-0596
Email: MQA.PhysicianAssistant@FLHealth.gov

This form must be completed by the supervisory physician. *No fee is required.*

A supervisory physician may delegate to the prescribing physician assistant the authority to dispense any medication used in the supervisory physician's practice unless such medication is listed in Rule 64B8-30.008/64B15-6.0038, Florida Administrative Code. A prescribing physician assistant may only dispense for a supervisory physician who is registered with the Board of Medicine/Board of Osteopathic Medicine as a dispensing practitioner in compliance with section 465.0276, Florida Statutes. Attach additional copies of this form if necessary.

Physician Name: _____
First Middle Last/Surname

Physician License Number: ME or DO_____

The physician listed above has delegated dispensing authority to the Physician Assistant(s) listed below.

Physician Assistant's Name:
Physician Assistant's License Number: PA

Physician Assistant's Name:
Physician Assistant's License Number: PA

Physician Assistant's Name:
Physician Assistant's License Number: PA

Physician Signature: _____ Effective Date: _____
MM/DD/YYYY

I am withdrawing dispensing authority with the above Physician Assistant(s) and request the dispensing authority be canceled effective:

_____
MM/DD/YYYY