



MICHIGAN AUTOMATED PRESCRIPTION SYSTEM SOFTWARE INTEGRATION REQUEST

BUSINESS INFORMATION			
Business Name			
Business Type (Choose One)			
Health System	Number of Hospitals		
	Number of Offices		
	Number of Pharmacies		
	Number of Prescribers		
	Number of Pharmacists		
Hospital	Number of Prescribers		
	Number of Pharmacists		
Pharmacy	Number of Pharmacies		
	Number of Pharmacists		
Physician's Office	Number of Offices		
	Number of Prescribers		
Street Address			
City	State	Zip Code	
Phone	Fax		
Business Website (If none, leave blank or enter N/A)			
PRIMARY CONTACT INFORMATION			
Name			
Phone	Email Address		
IT CONTACT INFORMATION (IF IT ON STAFF)			
Name			
Phone	Email Address		
EMR/EHR/PHARMACY SOFTWARE INFORMATION			
Vendor (drop-down)	If "Other," please provide additional information here		
Product Name			
Vendor Contact Name			
Phone	Email Address		
Allscripts Clients Only			
Allscripts Account ID #:	Do you have EPCS?	Yes	No
	New Allscripts Customer?	Yes	No