



## Electronic Prescribing Waiver Form

Completed forms must be sent to:  
Texas State Board of Dental Examiners  
Attn: E-Prescribing Waivers  
1801 Congress Avenue, Suite 8-600  
Austin, Texas 78701  
Fax: (512) 649-0797  
E-Mail: [waivers@tsbde.texas.gov](mailto:waivers@tsbde.texas.gov)

Effective January 1, 2021, Texas Health and Safety Code §481.0755 requires that prescriptions for controlled substances be issued electronically, except in limited circumstances, or unless a waiver has been granted by the Board. A waiver, if granted, may not exceed one year. A dentist may reapply for a subsequent waiver **not earlier than the 30<sup>th</sup> day before the date the waiver expires** if the circumstances that necessitated the waiver continue.

(✓) Check one:

Initial Waiver Request

Renew Waiver Request (only if within 30 days of waiver expiration)

Drop/Remove Waiver Request

### Part I. General Information

Provider Name (First, Middle Initial, Last)

License Number

Waiver Site Address (Street, City, State, Zip Code)

### Part II. Basis for Waiver Request

Check all the reasons you are applying for a waiver from electronically transmitting prescriptions.

1.  **Demonstrated economic hardship.**

Pursuant to Board rule 22 Tex. Admin. Code §111.5(b)(1), economic hardship shall be determined on a case by case basis, taking into account factors including: any special situational factors affecting either the cost of compliance or the ability to comply, the likely impact of compliance on profitability or viability, and the availability of measures that would mitigate the economic impact of compliance.

2.  **Technological limitations that are not reasonably within my control.**

**3.  Other demonstrated exceptional circumstances.**

Pursuant to Board rule 22 Tex. Admin. Code §111.5(b)(3), exceptional circumstances include, but are not limited to, prescribing fewer than twenty-five prescriptions per year.

**Part III. Attestation**

I attest that I am the dentist listed above and the statements in this application for waiver from electronic prescribing are true and complete. I recognize that providing false information may result in disciplinary action against my license pursuant to Texas Occupations Code §263.002.

**Licensee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ MM/DD/YYYY