



Electronic Prescribing Waiver Form

Completed forms must be sent to:
Texas State Board of Dental Examiners
Attn: Casey Nichols
333 Guadalupe Street, Tower 3, Suite 800
Austin, Texas 78701
Fax: (512) 649-0797
E-Mail: 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 30th day before the date the waiver expires if the circumstances that necessitated the waiver continue.

(✓) Check one:

- ☐ Initial Waiver Request
- ☐ Extend 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, and provide the information listed in sections A through D below for each reason you select.

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.

- A.** Attach a detailed description of the economic hardship that prevents you from electronically prescribing.
- B.** Describe your current electronic prescribing capabilities.
- C.** Describe the steps being taken to meet the e-prescribing mandate.
- D.** Provide the date those electronic prescribing capabilities are expected to be fully operational.

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

- A.** Attach a detailed description of the technological limitations that prevent you from electronically prescribing.
- B.** Describe your current electronic prescribing capabilities.
- C.** Describe the steps being taken to meet the e-prescribing mandate.
- D.** Provide the date those electronic prescribing capabilities are expected to be fully operational.

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. If you prescribe fewer than twenty-five prescriptions per year, you only need to complete section A below.

- A.** Attach a detailed description of the exceptional circumstances that prevent you from electronically prescribing.
- B.** Describe your current electronic prescribing capabilities.
- C.** Describe the steps being taken to meet the e-prescribing mandate.
- D.** Provide the date those electronic prescribing capabilities are expected to be fully operational.

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