



## **OARRS INTEGRATION REQUEST FORM**

Completed forms must be sent via email to: [info@pharmacy.ohio.gov](mailto:info@pharmacy.ohio.gov)

### **COMPANY INFORMATION**

|   |                    |
|---|--------------------|
| <b>Business Type</b>                                      | Pharmacy           |
|   | Hospital           |
|   | Physician's office |
|   | Other (explain):   |
| <b>Number of Prescribers / Pharmacies (if applicable)</b> |                    |
| <b>Business Name</b>                                      |                    |
| <b>Business Phone (____) - ____ - ____ ext. ____</b>      |                    |
| <b>Business Address (Street, City, Zip)</b>               |                    |

### **PRIMARY CONTACT**

|   |
|---|
| <b>Name</b>                                 |
| <b>Phone (____) - ____ - ____ ext. ____</b> |
| <b>Email Address</b>                        |

### **IT CONTACT (if IT on Staff)**

|   |
|---|
| <b>Name</b>                                 |
| <b>Phone (____) - ____ - ____ ext. ____</b> |
| <b>Email Address</b>                        |

### **SOFTWARE INFORMATION**

|  |                   |              |
|--|-------------------|--------------|
| <b>Vendor Name</b>                                 |                   |              |
| <b>Product Name</b>                                |                   |              |
| <b>Install Type</b>                                | <b>On-premise</b> | <b>Cloud</b> |
| <b>Name of Primary Contact for Software Vendor</b> |                   |              |
| <b>Phone (____) - ____ - ____ ext. ____</b>        |                   |              |
| <b>Email</b>                                       |                   |              |

### *BOARD OF PHARMACY USE ONLY*

|                                    |                   |              |
|------------------------------------|-------------------|--------------|
| <i>Approved by:</i>                | <i>Signature:</i> | <i>Date:</i> |
| <i>Integration Completed Date:</i> |                   |              |

