

**DISPENSING PHYSICIAN ASSISTANT:**  
**This must be completed by the supervisory physician**  
**NO FEE REQUIRED**

A supervisory physician may delegate to a prescribing physician assistant the authority to dispense any medication used in the supervisory physician's practice if such medication is not listed in Section 893, F.S. A prescribing physician assistant may only dispense for a supervisory physician who is registered with the Board of Medicine as a dispensing practitioner in compliance with s.465.0276, F.S. Use additional sheets of paper as necessary.

Physician Assistant Name: \_\_\_\_\_

First

Middle Initial

Last

Physician Assistant license number: PA \_\_\_\_\_

**The following physicians have delegated dispensing authority to the Physician Assistant listed above.**

Physician's name: \_\_\_\_\_  
First Middle Initial Last

Physician's license # ME or DO \_\_\_\_\_  
Specialty \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Physician's name: \_\_\_\_\_  
First Middle Initial Last

Physician's license # ME or DO \_\_\_\_\_  
Specialty \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Please return this form to the address, email or fax number below:

Florida Board of Medicine  
4052 Bald Cypress Way, Bin C03  
Tallahassee, FL 32399  
Telephone: (850) 245-4131  
Facsimile: (850) 412-1268  
MQA\_Physician\_Assistants@doh.state.fl.us