

## E-Prescribing

From Medication Tab in patient's chart, check med to prescribed and click Refill.

Handout Meds **Meds** Note A&P Close Intake Alert Pt Info Print Queue

Overview Problems **Meds** History Flow Sheets Notes Letters Documents

Maintenance One-Time Supplies

**Medications** B. J. H. Comp. Health

Medication	Strength	MDD	Instructions	Start	End
<input checked="" type="checkbox"/> Valium	10mg	1.0	1 Tablet daily	06/07/17	
<input type="checkbox"/> ...-Bum	22%	1.0	1 Gram daily	05/03/17	
<input type="checkbox"/> Daily Fiber	0.52gram	1.0	1 Capsule da	05/03/17	
<input type="checkbox"/> Coumadin	10mg	1.0	1 Tablet daily	05/03/17	
<input type="checkbox"/> Prozac	40mg	1.0	1 Capsule da	05/03/17	

Add Med  
Stop Med  
Delete Med  
**Refill**  
Build List  
No Meds  
Refill Hx  
Reaction  
Drug Info Sheet  
Pharmacy

Click **yes**, if you have checked the registry, then click **yes** again after reviewing the information in the Electronic Prescribing window.

From the **Sign Controlled Substance** window, enter your system password. Click on **Sign & Send** button.

Handout Meds Msg Note A&P Close Intake Alert Pt Info Print Queue Results Fhx SHx Comp

Overview Problems **Meds** History Flow Sheets Notes **Electronic Prescribing**

Maintenance One-Time Supplies

**Medications**

Medication	Strength	MDD
<input type="checkbox"/> Suboxone	4-1mg	1.0
<input checked="" type="checkbox"/> Vicodin	5-300mg	1.0
<input checked="" type="checkbox"/> Percocet	2.5-325m	1.0
<input type="checkbox"/> Xanax	0.25mg	1.0
<input type="checkbox"/> Xarelto	15mg	1.0
<input type="checkbox"/> Zetromax	500mg	1.0
<input type="checkbox"/> Zetromax	250mg	1.0

**Sign Controlled Substance**

Signing Password: [\*\*\*\*\*]

**Waiting for confirmation....**

By completing the two-factor authentication at this time, you are legally signing the prescription and authorizing the transmission of the above information to the pharmacy for dispensing.

*This two-factor authentication may only be completed by the practitioner whose name and DEA number appear above.*

**Sign & Send** Cancel

**Erin Caffrey**  
DOB: 03/08/67 Sex: Female  
Address: 775 Windmont Road, Rochester, N  
Date: 06/06/17  
DEA #: DC0912342

5-300mg Tablet  
Days: 30 Refills: 0 (zero)  
t only daily

Send script electronically to  
CVS/pharmacy #10284  
1304 Fairport Rd  
585-377-8902

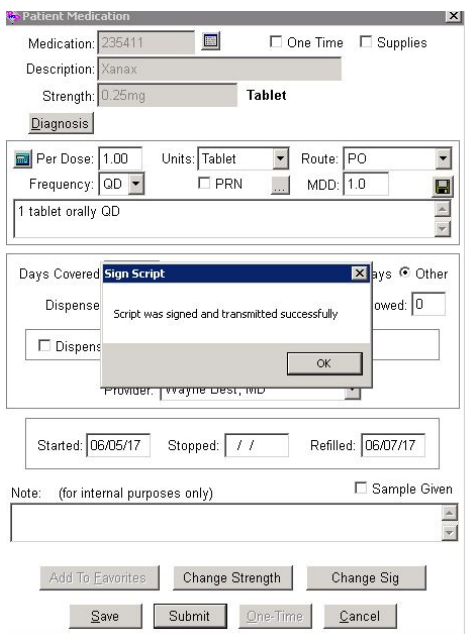
Select Pharmacy Verify Schedule  
Yes Fax No

You will receive a pop up confirmation that script has been sent for signing to the provider's phone.

Provider must review and approve script within 60 seconds from phone. Page will automatically present:



Clicking Approve will complete the process. Provider will see message successfully signed in PMP and script will be forwarded to pharmacy.



Patient Medication

Medication: 235411  One Time  Supplies

Description: Xanax

Strength: 0.25mg **Tablet**

Diagnosis

Per Dose: 1.00 Units: Tablet Route: PO

Frequency: QD  PRN MDD: 1.0

1 tablet orally QD

Days Covered: **Sign Script** Days: 0 Other

Dispense:  Dispense:  Days: 0

Provider: Wayne Best, MD

Started: 06/05/17 Stopped: / / Refilled: 06/07/17

Note: (for internal purposes only)  Sample Given

Add To Favorites Change Strength Change Sig

Save Submit One-Time Cancel