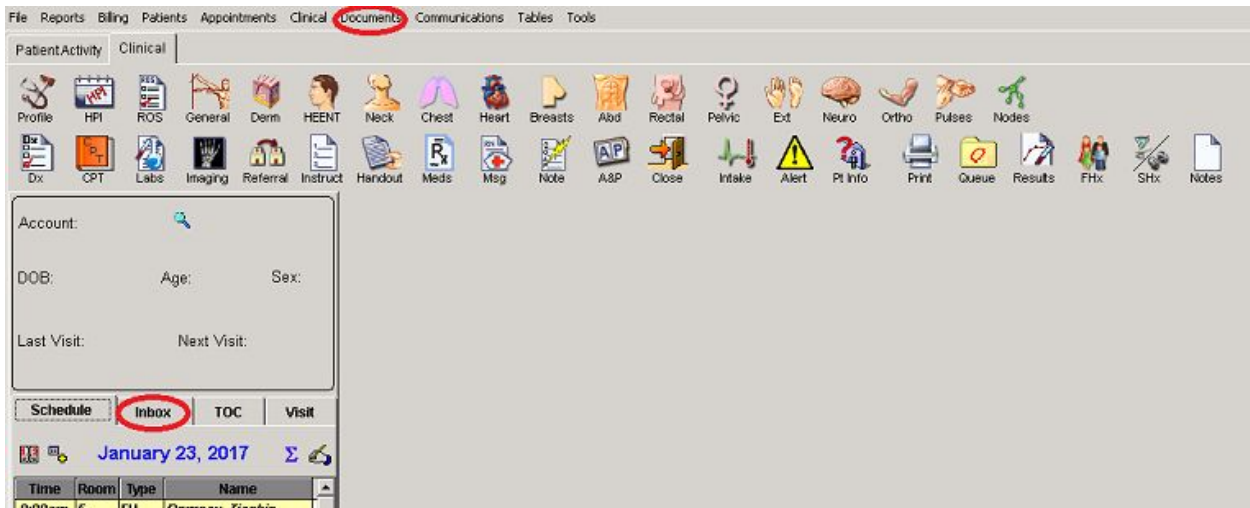


Electronic Refill Requests-Provider

Instructions for responding to electronic refill requests.

From Clinical Screen, access refill requests through **Documents** tab.
Select Patient in Inbox.



✓ **Approve Refill Request** will open. Fill in appropriate fields depending on if the refill is approved, changed or ultimately denied. Save.

Approve Refill Request

Patient: R , M
Address: , Avon NY 14414
Phone: 585- DOB: 05/03/ Sex: M

Provider: D B
Phone: 585

Pharmacy: CVS STORE 00232
Address: 277 E. Main St, Avon, 14414
Phone: 585-

Medication: ATENOLOL 100 MG TABLET 09/01/15
Dispense: #90 Refills: 1
Directions: TAKE 1 TABLET BY ORAL ROUTE EVERY DAY
Substitutions Allowed

Approved
 Denied - New prescription to follow
 Denied

Total # of Dispensings Approved: 1

Schedule appointment

Reason for Denial:
Select a reason for a denial (if not approved)

Note to Pharmacist:
[Text Area]

Save **Cancel**


Approved script is sent back to pharmacy.

Please note: For Electronic Refill Requests, we advise **not refilling them from the patient's chart** in the EMR. Refill request will show as "unanswered" at the pharmacy.

File Reports Patient Billing Insurance Processing Patient Activity Appointments Clinical Documents Communications Tables Tools

Patient Activity Clinical

Profile HPI ROS General Derm HEENT Neck Chest Heart Breasts Abd Male Rectal Ortho Neuro Ext Pulses Nodes Results
 Dx CPT Labs Imaging Referral Instruct Handout Meds Msg Note ASP Close Intake Alert Pt Info Print Queue

Account: 24242
 DOB: 11/03/63 Age: 53
 Last: 10/17/16 Sex: M
 Next:
 Blue Choice
 10:14am

 David Blackwell
 diabetes, sinus pain

Overview Problems Meds History Flow Sheets Notes Letters Documents

Problem List

Select	Problem
Select	Asthma intrinsic
Select	Pharyngitis
Select	Upper Respiratory Infections
Select	Sprain of lateral collateral liga
Select	Tension-type headache
Select	Pain in joint
Select	Moderate major depression, s
Select	Malignant Essential Hypertens
Select	Diabetes mellitus, type 2, w/o
Select	Hyperlipidemia

Walmart #1610

Medications

Medication	Strength
Leisocinil	10mg
Metformin	500mg
Lipitor	10mg

Refill

General Notes

bill's son

Allergies & Reactions

Medication	Reaction
Penicillins	

January 19, 2017

Time	Room	Type	Name
9:00am		OV	Caffrey, Erin
9:15am	3	OV	Blackwell, David
9:30am		CPE	Young, Adam
10:30am		ACUTE	Howard, Taryn
10:45am		ACUTE	Richards, Melissa
11:00am		CPE	Johnson, Brian
1:00pm		ACUTE	Lubell, Amanda
1:15pm		OV	Kelleher, David
1:30pm		OV	Wheeler, Cathleen
1:45pm		OV	Buske, Sean
2:00pm		OV	Schaefer, Joshua
2:15pm		OV	Place, Sarah
2:30pm		CPE	Brown, Audrey
3:30pm		OV	Aaronberg, Jena
3:45pm		OV	Drew, Luke