# **Troubleshooting Medication/Script Issues**

Review scripts under **ePrescribing** in Document Queue.

Check if any scripts have Failed by changing status in drop down to **Failed**.

Patient	Provider	Open		ription	Recipient	Via	Status
м	Unspecified	05/ Ready		9 TABLET	CVS	eRx	Submitted
Yi	Unspecified	02/ Pending		L 4 MG TABLET	Ecke	eRx	Submitted
c	Unspecified	02/ On Deck			CVS	eRx	Submitted
lc .	Unspecified	02/ Failed		DO-LAN TO THE	CVS	eRx	Submitted
Ā.	E	02/ Complete			Walç	eRx	Submitted
Bi	Unspecified	02/ After Hour		P 50 MCG SPRAY	CVS	eRx	Submitted
Ň	Unspecified	02/ Submitted		ATE 5 MG TAB	CVS	eRx	Submitted
Ŵ	Unspecified	02/27/14 Refil	LISINOPRIL 4	0 MG TABLET	CVS	eRx	Submitted
Bi	Unspecified	02/27/14 Refit	MELOXICAM 1	5 MG TABLET	CVS	eRx	Submitted
Ħ	Unspecified	02/27/14 Refi	IBUPROFEN I	800 MG TABLET	CVS.	eRx	Submitted
Fc	Unspecified	02/27/14 Refil	LABETALOL H	ICL 200 MG TABLET	Ecke	eRx	Submitted
Ai .	Unspecified	02/27/14 Refit	FUROSEMIDE	20 MG TABLET	CVS	eRx	Submitted
((	Unspecified	02/27/14 Refit	VIT D2 1.25 M	G (50,000 UNIT)	CVS	eRx	Submitted
81	Unspecified	02/27/14 Refil	DONEPEZIL	ICL 5 MG TABLET	CVS	eRx	Submitted
21	Unspecified	02/27/14 Refit	DIAZEPAM 10	MG TABLET	Ecke	eRx	Submitted
ü	E	02/25/14 Scrig	Ramipril		CVS	eRx	Submitted
ū	E	02/25/14 Scrip	Amlodipine		CVS	eRx	Submitted
L	E	02/25/14 Scrip	Doxycycline H	yclate	CVS	eRx	Submitted
Lé	E	02/25/14 Scrip	Singulair		CVS	eRx	Submitted
La	E	02/25/14 Scrip	Azithromycin		CVS	eRx	Submitted
Bi	Unspecified	02/20/14 Refi	METOPROLO	L TARTRATE 25 MG TAB	CVS	eRx	Submitted
D	Eduán Avbuoro MD	02/10/14 Serie	8 zithromycin		01/8	o Pr	Submitted

Scripts that have failed need to be corrected and resent. **Right click** on the item in the queue.

A menu will appear which will allow you to resend or check status.

\* Note: Resending directly from this screen will send the script exactly as is. Script correction may be necessary. See following:

Il Providers	-	ePrescribing	Faile	d	Last eR	x Complete: Friday, 01	20/17 6:3	37pm		
Patient	124	Provider	Date	Туре	Description	Recipient	Via	Status		
H T	P		01/20/17	Script	Depo-Provera	G		Failed	Ba	
Λ	P		01/20/17	Script	Lisinopril	W		Failed	194	
	P		01/20/17	Script	Tramadol 🔪 eRx Status	Ri	100	Failed	FHX	
N Contraction	P		01/20/17	Script	Diflucan	M	2.2	Failed		
	E		01/18/17	Refill	NOVOLOG FLEXPEN SYRINGE	C,	20	Failed		
	E		01/18/17	Script	Glucophage	CI	192	Failed		
, ,	E		01/18/17	Script	Omeprazole	W		Failed		
<u>م</u>	E		01/18/17	Script	Gabapentin	GI		Failed		
i –	E		01/17/17	Script	Depo-Provera	W	10	Failed		
i 7	E		01/17/17	Script	Toprol XL	W	10	Failed		
3	E		01/17/17	Refill	RISPERIDONE 4 MG TABLET	GI	633	Failed		
	E		01/17/17	Refill	TRAZODONE HCL 100 MG TABLET	GI	100	Failed		
	E		01/17/17	Script	Zolpidem	C'		Failed		
-	E		01/17/17	Script	Tizanidine	W	8.0	Failed		
10	E		01/17/17	Script	Nicotine	GI	8.0	Failed		
i	E		01/17/17	Script	Nicotine	GI	10	Failed	.	
	E		01/17/17	Script	Victoza 2-Pak	W	1.0	Failed		
	E		01/16/17	Refill	NOVOLOG FLEXPEN SYRINGE	C'		Failed		
	E		01/16/17	Refill	AMLODIPINE 10MG TAB	H	100	Failed	.	
- -	P		01/13/17	Script	Tramadol	Ri		Failed		
-	E		01/12/17	Refill	AMLODIPINE 10MG TAB	H	27	Failed		
	=		01/12/17	Dofill	OMERRAZOLE 20 MO CAROLILE DR	Mi	-	t d		

Choose eRX status, Document Queue Info window will show reason script failed.



**Error Received:** DEA Schedule does not match. **Update to Correct Schedule. See instructions below** (There are 2 methods listed. The first is updating from the Medication Table and the second is from the Eprescribing window).

Please note that the Master list matches the DEA Drug Schedule. Your state schedule may vary from this. For example, Testosterone is a Schedule 3 drug on the national DEA list but a Schedule 2 drug in N.Y.

**Error Received:** The Medication Prescribed Drug Potency Code # \_\_\_\_\_ is invalid". This is an issue of **Units** related to the medication. **Relink Medication to Master List. See instructions** below.

\*If Units of medication is Transdermal Patch change to Patch. Save and resend.

Error Received: NDC# missing or incorrect Call HST Support

Unable to refill previously prescribed medication/Script failing? Script may have slightly changed. **Relink Medication to Master List.** If prescription continues to fail, call HST.

**Document Queue Info** will reference a message number. Please have this number ready when calling HST for assistance. This will speed up further research of script issue

Date: 07/06/17	Queued: 07/06/17
Prv:	, MD
User: Dr.	
Patient: S	
Recipient: Wegmans	- Brooks-Chili
Type: Script	
essage #: 1338.00064	026

# Updating Schedule of Medication

### Click on correct medication in patient's medication list.

 Overview
 Problems
 Meds
 History
 Flow Sheets
 Notes
 Letters
 Documents

 Maintenance
 One-Time
 Supplies

	Medic	ations-					B. J. H	. Comp. Health
	Medication	Strength	MDD	Instructions	Start	End	-	Add Med
	Diazepam 🧹	and the second second	1.0	1 Tablet daily	07/11/17			
F	OxyContin	30mg	1.0	1 Tablet daily	06/12/17			Stop Med
F	Valium	10mg	1.0	1 Tablet daily	06/07/17			Delete Med
Г	Z-Bum	22%	1.0	1 Gram daily	05/03/17			- Delete med
F	Daily Fiber	0.52gram	1.0	1 Capsule da	05/03/17			Refill
F	Cournadin	10mg	1.0	1 Tablet daily	05/03/17	-		Puild List
Г	Prozac	40mg	1.0	1 Capsule da	05/03/17			
					0.00			No Meds

## Click on Edit Rx Table icon.

Patient Medication			
Medication: 295708 Description: Diazeps	im (D)	C One Time	Supplies
Strength: 5mg	г	ablet	
Diagnosis			
Per Dose: 1.00	Units: Tablet	Route:	PO 🔹
Frequency: QD 💌	E PRN	MDD:	1.0
1 tablet orally QD			*
Days Covered: 30	C 1 Month	C 3 Month C 1	l0 Days @ Other
Dispense: 30	Units: Tablet	▼ Refil	s Allowed: 0
🗖 Dispense As W	ritten 🔽 Alle	ow Substitution (	Of Form/Units
Provide	r: Howard Fender	son, MD	•
Started: 07/11/17	Stopped: / /	Refille	d: 17
Note: (for internal purp	poses anly)		🗆 Sample Given
Note: (for internal purp	poses anly)		Sample Given
Note: (for internal purp Add To Eavorites	poses only)	angth Ch	Sample Given
Note: (for internal purp Add To Eavorites	Change Stre	angth Ch	Sample Given

From **Medication Table** window, update **Schedule** drop down box to correct schedule. In this example, Diazapam is not a Schedule 2 but a Schedule 4.

ode: 295708	<b>H</b> @	NDC:00003023850	l.
		Common Uses:	
Description: Diazapam			×
eneric Name:	_		
Category: Unspecified		Add1 Instruction	s/Warnings:
Ingredient: Unspecified	Schedule: 2		_
Pick List: Unspecified	•		*
Farm: Tablet	*		
Strength: 5mg		Do Not Prom	pt To Link This Med To The Master List
	Dos	age Instructions:	
Per Dose: Units: Tablet 💌	Route: PO 💌		×
Per Dose: Units: Tablet	Route: PO	<u>or</u>	×
Per Dose: Units: Tablet  Frequency: Uns Days:	Route: PO 🔽	<u>or</u>	X
Per Dose: Units: Tablet	Route: PO	<u>or</u>	A V
Per Dose: Units: Tablet	Route: PO  MDD: Refills: 0	Or Dispense As Written	Over the Counter - Do Not Print
Per Dose: Units: Tablet  Frequency: Uns  Days:  Dispense: Units: Tablet	Route: PO  MDD: Refills: 0	Dispense As Written	Over the Counter - Do Not Print
Per Dose: Units: Tablet  Frequency: Uns  Days:  Dispense: Units: Tablet  Regimen Set: Default	Route: PO V MDD: Refills: 0	Dispense As Written Edit From Encounter One-Time Medication Supplies / DME	Over the Counter - Do Not Print Controlled Substance Requires Preventive Care Requires Authorization
Per Dose: Units: Tablet  Frequency: Uns  Days:  Dispense: Units: Tablet  Regimen Set: Default Auto Instructions: None	Route: PO  MDD: Refills: 0	Or Dispense As Written Edit From Encounter One-Time Medication Supplies / DME PRN	Over the Counter - Do Not Print Controlled Substance Requires Preventive Care Requires Authorization F Allow Substitution of Form/Units Do not the notient onto
Per Dose: Units: Tablet  Frequency: Uns  Days:  Dispense: Units: Tablet  Regimen Set: Default Auto Instructions: None Special Handling: Regular	Route: PO  MDD: Refills: 0 Update	Or     Dispense As Written     Edit From Encounter     One-Time Medication     Supplies / DME     PRN Key Fields	Over the Counter - Do Not Print Controlled Substance Requires Preventive Care Requires Authorization Allow Substitution of Form/Units Do not report to the patient porta

## Update and click Save.

	Common Uses:
Description: Diazepam	
Seneric Name:	
Category: Unspecified	Add1 Instructions/Warnings:
Ingredient: Unspecified 🔄 🦉 Schedule 🛃	■ <u>·</u> )
Pick List: Unspecified	
Form: Tablet	
Strength: 5mg	🗖 Do Not Prompt To Link This Med To The Master I
Dos	age Instructions:
Per Dose: Units: Tablet 🔹 Routa: PO 🔹	or 🛛
	<u>u</u>
Frequency: Uns Days: MDD.	
Dispense: Units: Tablet Refilts: 0	Dispense As Written     Dispense As Written     Grift From Encounter     Controlled Substance     Done Time Medication     Provide Substance     Done Time Medication
Frequency:     Uns     Days:     MDD.       Dispense:     Units:     Tablet     Refile:     0       Regimen     Set:     Default     Image: Contract of the set of the s	Dispense As Written     Dispense As Written     Edit From Encounter     One-Time Medication     Supplies / DME     Requires Authorization
Frequency:     Uns     Days:     MDD.       Dispense:     Units:     Tablet     Refile:     D       Regimen     Set:     Default     Image: Compare the set:     Default     Image: Compare the set:       Avito     Instructions:     None     Image: Compare the set:     <	

## Click Save again.

Description:       Diszepam         Strength:       5mg         Tablet       Diagnosis         Per Dose:       1.00         Units:       Tablet         Frequency:       OD         PRN       MDD:         Days Covered:       30         Oays Covered:       30         Oays Covered:       30         Oays Covered:       30         Units:       Tablet         Dispense:       30         Units:       Tablet         Provider:       Howard Fenderson, MD         Started:       07/11/17         Stopped:       / /         Refiled:       / /         Add To Eavorites       Change Strength       Change Sig	Medication: 295708	🔲 🗆 One Time 🗖 Supplies
Strength:       Smg       Tablet         Diagnosis       Per Dose:       1.00       Units:       Tablet       Route:       PO         Frequency:       OD       PRN       MDD:       1.0       Intellet orally OD       Intellet oraly OD       Intellet orally OD	Description: Diazepam	
Diagnosis         Per Dose:       1.00       Units:       Tablet       Route:       PO         Frequency:       OD       PRN       MDD:       1.0       Intellet orally OD         Itablet orally OD       Itablet orally OD       Itablet orally OD       Itablet orally OD       Itablet orally OD         Days Covered.       30       C 1 Month       C 3 Month       C 10 Days @ Other Days         Dispense:       30       Units:       Tablet       Refile Allowed:       Intellet         Dispense:       30       Units:       Tablet       Refile Allowed:       Intellet         Itablet       If Allow Substitution Of Form/Units       Intellet:       Intellet:       Intellet:       Intellet:         Started:       07/11/17       Stopped:       Intellet:       Intellet:       Intellet:         Add To Eavorities       Change Strength       Change Sig       Change Sig	Strength: 5mg	Tablet
Per Dose: 1.00     Units: Tablet     Route: PO     Frequency: OD     PRN     MDD: 1.0     Indefined and the second and th	Diagnosis	
Frequency:       OD       PRN       MDD:       1.0         Tablet orally OD       Itablet orally OD       Itablet orally OD         Days Covered:       30       C 1 Month       C 1D Days @ Other         Dispense:       30       Units:       Tablet       Refils Allowed:       Itablet         Dispense:       30       Units:       Tablet       Refils Allowed:       Itablet         Dispense As Written       If Allow Substitution Of Form/Units       Itablet       Itablet       Itablet         Provider:       Howard Fenderson, MD       Itablet       Itablet       Itablet         Started:       07/11/17       Stopped:       Itablet       Refiled       Itablet         Add To Eavorites       Change Strength       Change Sig       Change Sig	Per Dose: 1.00 U	Inits: Tablet 💌 Route: PO
I tablet orally QD       I tablet orally QD         Days Covered: 30       C 1 Month C 3 Month C 1D Days @ Other         Dispense: 30       Units: Tablet       Refiles Allowed: 0         I Dispense As Written       I Allow Substitution Of Form/Units         Provider:       Howard Fenderson, MD       I         Started:       07/11/17       Stopped: 7 / Refiled       7 / I         ote:       (for internal purposes only)       I Sample Give         Add To Eavorites       Change Strength       Change Sig	Frequency: QD ·	E PRN MDD: 1.0
Days Covered: 30 C 1 Month C 3 Month C 10 Days © Othe Dispense: 30 Units: Tablet Refiles Allowed: 0 Dispense As Written Allow Substitution Of Form/Units Provider: Howard Fenderson, MD Started: 07/11/17 Stopped: // Refiled // started: 07/11/17 Stopped: // Refiled // te: (for internal purposes only) Sample Giv Add To Eavorites Change Strength Change Sig	tablet orally QD	
Days Covered: 30       C 1 Month       C 3 Month       C 10 Days       © Other         Dispense: 30       Units: Tablet       Refiles Allowed: 0         Image: Dispense As Written       Image: Allow Substitution Of Form/Units         Provider:       Howard Fenderson, MD       Image: Allow         Started:       07/11/17       Stopped: 7 / 1/17       Refiled: 7 / 1/17         started:       (for internal purposes only)       Image: Sample Give         Add To Eavorites       Change Strength       Change Sig	102 301	
Dispense: 30 Units: Tablet Refils Allowed: D Dispense As Written Refile Allow Substitution Of Form/Units Provider: Howard Fenderson, MD Started: 07/11/17 Stopped: 7 / Refiled 7 / stere (for internal purposes only) Sample Give Add To Eavorites Change Strength Change Sig	Days Covered: 30	C 1 Month C 3 Month C 10 Days @ Oth
Dispense As Written       Image: Allow Substitution Of Form/Units         Provider:       Howard Fenderson, MD         Started:       07/11/17         Storped:       / /         Refiled:       / /         ote:       (for internal purposes only)         Add To Eavorites       Change Strength         Change Sig	Disnense: 30	Unite: Tablet Refile Allowed: D
Dispense As Written     Allow Substitution Of Form/Units      Provider: Howard Fenderson, MD     Started: 07/11/17     Stopped: 7 / Refiled: 7 /      ote: (for internal purposes only)     Sample Giv      Add To Eavorites     Change Strength     Change Sig		Child I wanted to the control of the
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Provider:       Howard Penderson, ND         Started:       07/11/17         Storted:       (for internal purposes only)         Dete:       (for internal purposes only)         Add To Eavorities       Change Strength         Change Strength       Change Sig	Dispense As Writte	n R Allow Substitution Of Form/Units
Started:       07/11/17       Stopped:       / /       Refiled:       / /         ote:       (for internal purposes only)       IT Sample Giv         Add To Eavorites       Change Strength       Change Sig	Dispense As Writte	n R Allow Substitution Of Form/Units
Add To Eavorites Change Strength Change Sig	Dispense As Writte	n R Allow Substitution Of Form/Units
ote: (for internal purposes only)	Dispense As Writte	n R Allow Substitution Of Form/Units
Add To Eavorites Change Strength Change Sig	Dispense As Writte Provider:	n PAllow Substitution Of Form/Units Howard Fenderson, MD  Stopped: 7.7 Refiled: 7.7
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Add To Eavorites Change Strength Change Sig	Dispense As Writte Provider. 1 Started: 07/11/17	n Refiled Sample Gh
Add to Eavontes Change Strength Change Sig	Dispense As Writte Provider.  Started: 07/11/17 ote: (for internal purpose	n Refiled 77 Stopped: 77 es only)
	Dispense As Writte Provider:	n Refiled 17 Slopped 77 Refiled 77 sonly)

Schedule is now updated for this medication in patient's chart. DEA schedule error issue should be resolved.

## Update Schedule of Medication from Doctor First

If you receive a DEA Schedule Error in Doctor First, complete the following steps to more quickly address the issue.

Close Doctor First window. From the **Electronic Prescribing** window, click on **Verify Schedule** button.



Click OK.



From the **Set DEA Schedule** window, update schedule in drop-down box. **OK.** Resubmit script. DEA Schedule error should now be resolved.



\*\*\*If a **controlled substance has failed** and the DEA schedule error did not come up, find the pharmacy in the Pharmacy Table (Tables, Other Tables, Pharmacy) and make sure the box at the bottom is checked. Save.

Name:	Walmart #1610
Store #	
Address:	100 Elm Ridge Center Rd
cont'd:	
City:	Rochester
State:	Zip Code: 14626
Phone:	585-227-1210
MD Phone:	
Fax:	227-4808
lational ID:	3398648
NPI:	
E-Mail:	
Area:	Greece
Г	Mail Order pharmacy
	Do not submit to SuraScripte
ŕ	Do not send faxed scripts
1.	Accents sectorilad substance

## **Relinking Medication to Master List Instructions**

ile Reports I	siling Patier	nts Appoir	ntments (	Inical I	Documents	Communical	tions Table:	Tools						
Patient Activity	Clinical													
Rrotile HPI	ROS	General	Derm	HEENT	Neck	Chest	Heart Bre	asts Ab	d Rectal	9 Pelvic	Ext	Neuro	Ortho	Pulses
	l 🐴	Integing	Referral	Instruct	Handout	Ex Meds	Msg Ni	te AS	P Gose	Intake	Alert	Pt Info	Print	
Account: 533 DOB: 11/01/7	7 Patient 3 A	Q t <mark>Test</mark> ge: 43	585-461-4 Sex	1376 CM	Overview Maintena	r   Problem nce   One-T — Med	is Meds ime Suppli	History s	Flow Sheets	Notes	Ob/Gyn	CPE	Docume	nts   24 Hrs)
						Medicatio	n Stre	ngth MDI	D Instructions	Start	End	-	Add	Med
Last Visit:12	/15/15	Next Vis	sit:		Nif	edipine	10n	ng 1.0 g 1.0	1 Capsule d	a 11/17/15			Stop	Med
	Negmans #	12 (24 Hrs	)		Lis	inopril 🧲	im	1.0	1 Tablet dail	y 11/17/15			Delet	e Med
Schedule	Inbox	TO	c   v	1sit	200	womax	260	<del>ng</del> — 1.0	1 daily	03/23/10	08101	0	R	efill

From the patient's Medication List, double click on medication that failed.

From Patient Medication window, click on Edit Rx Table icon.

Patient Media	adiati .				
Medication:	268801		E 0	)ne Time	🗆 Supplies
Description:	Lisinopril	1			I NOS
Strength:	5mg		Tablet	8	
<u>D</u> iagnosis					
Per Dose:	1.00	Units: Tablet	•	Route:	PO
Frequency:	00 -	E PR	N	MDD:	1.0
1 tablet orally	QD				
					1
Davs Covered	30	C 1 Month	h C3M	onth C	10 Days @ Oth
		1 11140 111			to male . Ann
	-	-			
Dispense	30	Units: Table	et 💌	Refi	lis Allowed: 0
Dispense	: 30 se As Wri	Units: Table	et 🔄	Refil	lis Allowed: 0 Of Form/Units
Dispense	: 30 se As Wri	Units: Table	et 💌	Refil	lls Allowed: 0 Of Form/Units
Dispense	: 30 se As Wri Provider:	Units: Table tten P	et 🔽	Refil	Ils Allowed: 0 Of Form/Units
Dispense	30 se As Wri Provider:	Units: Table tten P	et 🔄	Refil	Ils Allowed: 0 Of Form/Units
Dispense	2 30 se As Writ Provider: 1/17/15	Units: Table tten P . Other Stopped: [	et 💌	Refil	Ils Allowed: 0 Of Form/Units
Dispense	2 30 se As Writ Provider: 1/17/15	Units: Table tten P / Other Stopped: [	et 💌	Refil	IIs Allowed: 0 Of Form/Units d: 7 / Sample Giv
Dispense	: 30 se As Wri Provider: 1/17/15 emal purp	Units: Table tten P / Other Stopped: [ oses only]	et 🔹	Refil	IIs Allowed: 0 Of Form/Units d: // Sample Giv
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Dispense Dispense Started: 1 ote: (for inte	. 30 Provider: 1/17/15 emal purpo	Units: Table tten P . Other Stopped: oses only)	et v	Refil	IIs Allowed: 0 Of Form/Units d: // Sample Giv
Dispense Dispense Started: 1 ote: (for intr Add To (	2 30 Provider: 1/17/15 emal purpo	Units: Table tten P . Other Stopped: oses only) Change S	at  Allow Sub	Refile	IIs Allowed: 0 Of Form/Units d: // Sample Giv

		Common Uses:	
Description: Lisinopril			2
eneric Name:			
Category: Unspecified	<u> </u>	Add1 Instruction	s/Warnings:
Ingredient:	<ul> <li>Schedule: 0</li> </ul>		
Pick List: Unspecified	-		-1
Form: Tablet	*		
Strength: 6mg		Do Not Prom	pt To Link This Med To The Master List
	Dosage Ins	ructions:	
	Dosage Ins	ructions.	
Per Dose: Units: Tablet	Dosage Ins	ructions.	
Per Dose: Units Tablet	Dosage Ins	ructions:	2
Per Dose: Units Tablet	Dosage Ins Route: PO MDD:	ructions:	I I
Per Dose: Units: Tablet Frequency: Uns V Days:	Dosage Ins	nuctions:	X
Per Dose: Units: Tablet Frequency: Uns V Days:	NDD:	nuctions	E anti a tracin
Per Dose: Units: Tablet Frequency: Uns V Days: Dispense: Units: Tablet	Route: PO T OI MDD: OI	Dispense As Written Edk From Encounter	Over the Counter - Do Not Print Controlled Substance
Per Dose: Units: Tablet Frequency: Uns V Days: Dispense: Units: Tablet	Route: PO T	Dispense As Written Edt From Encounter One-Time Medication	Over the Counter - Do Not Print Controlled Substance Requires Preventive Care
Per Dose: Units: Tablet Frequency: Uns V Days: Dispense: Units: Tablet Regimen Set: Half Tablet	Route: PO T MDD: O	Dispense As Written Edk From Encounter One-Time Medication Supplies / DME PRN	Over the Counter - Do Not Print Controlled Substance Requires Preventive Care Requires Authorization Allow Substitution of Form/Units
Per Dose: Units: Tablet Frequency: Uns Days: Dispense: Units: Tablet Regimen Set: Half Tablet Auto Instructions: None	Cosage Ins  Route: PO  MDD:  Refills:  Refills:  Refills:	Dispense As Written Edt From Encounter One-Time Medication Supplies / DME PRN	Over the Counter - Do Not Print Controlled Substance Requires Authorization Allow Substitution of Form/Units Do not report to the patient porta

### From Medication Table window, click on Link icon.

#### Double click on correct medication from list.

di l	escription: USINOPRIL
Full Text Search	Alpha Search C
ble 🧭 Master List	Search from: C Active 1
ster List will automatically Table for future use)	(An item selected form the M be added to your Active
1mg/mL	sinopril - solution
2.5mg	sinopril - tablet
5mg	sinopril - tablet
10mg	sinopril - tablet
2Dmg	sinopril - tablet
30mg	sinopril - tablet
40mg	sinopril - tablet
100%	sinopril (Bulk) - powder
10-12.5mg	sinopril-Hydrochlorothiazide - tablet
20-12.5mg	sinopril-Hydrochlorothiazide - tablet
20-25mg	sinopril-Hydrochlorothiazide - tablet

Be sure to click **Save in both** the Medication Table window and Patient Medication Table window on the way back to the patient's chart. This will complete the relinking process.

Code 288801   The term of term	Medication Table	
Description       Liningpril         Generic Mane       Add Instructions/Warnings         Ingredient       Image: Schedule Image:	Code: 268801 🖹 H 🔹 🕨 🝩	
Obscription:       Liningril         Generic Name       Add Instructions/Warnings:         Nagredient:       Prick List:         Unspecified       Y         Prick List:       Unspecified         Y       Dosage Instructions:         Per Dose       Units:         To Not Prompt To Link:       To Not Prompt To Link:         Dispense       Units:         To Not Prompt To Link:       To Not Prompt To Link:         Dispense       Units:         To Not Prompt To Link:       To Not Prompt To Link:         Dispense       Units:         To Not Prompt To Link:       To Not Prompt To Link:         Dispense       Units:         To Not Prompt To Link:       To Not Prompt To Link:         Per Dose       Units:         To Not Prompt To Link:       To Not Prompt To Link:         Prequency:       Units:         To Not Prompt To Link:       To Not Prompt To Link:         Per Dose       Units:         Supplies:       Done Time Medication         Supplies:       Supplies:         Disperse:       100         Disperse:       100         Disperse:       20         Disperse:       20 <t< th=""><th></th><th>Common Uses:</th></t<>		Common Uses:
Generic Marries       AddI Instructions/Warnings:         AddI Instructions/Warnings:       AddI Instructions/Warnings:         Pick List       Unspecified         Form       Tablet         Strength       Sing         Dispense       Units         Units       Tablet         Regime       Corroled Substance         Prequency:       Units         Tablet       Refile:         Dispense As Written       Corroled Substance         Regime       Strength         Auto Instructions:       Corroled Substance         Prequency:       Units         Special Handling       Refile:         Dispense As Written       Corroled Substance         Regime Rest       Half Tablet         Auto Instructions       None         Special Handling       Regime Rest         Mode Instructions       None         Save       Delete         Carcel       Save         Previde:       Corroled Substance         Previde:       Nos         Save       Delete         Carcel       Delete         Previde:       Corroled Substance         Previde:       Dispense As Written <tr< th=""><th>Description: Lisinopril</th><th></th></tr<>	Description: Lisinopril	
Category Unspecified Schedule	Generic Name:	Add Instructions Millerines
Pick List       Unspecified         Form       Each IIII         Strength       Sing         Dosage Instructions:       Dosage Instructions:         Per Dose:       Units         Tablet       Route:         Per Dose:       Units         Tablet       Regimes         Auto Instructions       Done         Special Handing       Regular         Update Kay Fields       Regimes         Strength       Sing         Dispense       Units         Tablet       Supplies         Do not report to the patient po         Strength       Sing         Provember Care       Regular         Play Dose:       Interport to the patient po         Strength       Sing         Provember Care       Regular         Provember Care       Regular         Provember Care       Regular         Provember Care       Regular         Provember Care       Reg	Category: Unspecified	Add i instructions/warnings.
Per Dose Units   Tablet Dosage instructions:     Per Dose Units     Dispense: Units     Units Tablet     Regime Safet     Dispense: Units     Units Tablet     Regime Safet     Dispense: Units     Units Tablet     Regime Safet     Per Dose Units     Pagimen Saf Haff Tablet     Pagimen Saf Pagimen Saf     Pagimen Saf Pagimen Saf     Pagimen Saf Pagimen Saf     Pagimen Saf Pagimen Saf     Pagimen Saf Pagimen Saf <td>Diek Liet Unesseifen</td> <td></td>	Diek Liet Unesseifen	
	Form Tablet	<u>×</u>
Desage Instructions:         Per Dose:         Units Tablet         Requency:         Units Tablet         Regimen Set Haf Tablet         Regimen Set Haf Tablet         Special Handling         Regimen Set Haf Tablet         Regimen Set Haf Tablet         Special Handling         Regimen Set Haf Tablet         Special Handling         Regimen Set Haf Tablet         Regimen Set Haf Tabl	Strength: 5mg	Do Not Prompt To Link This Med To The Master List
Per Dose: Prequency: Une Days: MDD: Dispense As Written Regimen Set Hef Tablet Refils: Regimen Set Hef Tablet Units: Tablet Update Key Fields Supples / DME Per Dose: Auto Instructions, None Special Handling, Regular Update Key Fields Description: Danopoil Description: Danopoil Description: Danopoil Description: Danopoil Description: Danopoil Description: Danopoil Description: Danopoil Description: Danopoil Description: Danopoil Description: Danopoil Description: Danopoil Description: Danopoil Description: Danopoil Description: Danopoil Description: Danopoil Description: Danopoil Description: Desc	Dosace Instr	auctions:
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Prequency: Uns Days       MDD:       Or         Dispense       Units Tablet       Refiles       Dispense As Written       Over the Counter - Do Not Price         Regimen Set; Haff Tablet       Image: Provide Substance Care       Prequese Astronation       Prequese Astronation         Auto Instructions None       Update Key Fields       Dispense As Written       Do not report to the patient po         Special Handling       Regular       Update Key Fields       Do not report to the patient po         Description       Done Time       Supplies       Do not report to the patient po         Description:       Done Time       NOS       Strength         Dispense As Written       Image: Tablet       NOS         Strength       Construction       NOS         Strength       Dispense As Written       Refile Allowed: Do         Days Covered       Image: Tablet       Refile Allowed: Do         Dispense As Written       Allow Substitution Of FormUnits       Provider: Tablet         Provider:       Other       Sample Given       Add To Eprontes         Add To Eprontes       Change Strength       Change Sig       Change Sig	Per Dose: Units: Tablet   Route: PO	
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Regimen Set Heif Tablet <ul> <li>One-Time Medication</li> <li>PRRV</li> <li>Auto Instructions</li> <li>None</li> <li>Update Key Fields</li> </ul> Provider               Add To Eventses Change Strength              Change Strength              Provider	Dispense: Units: Tablet 💌 Refills:	Dispense As Written  Over the Counter - Do Not Print Edit From Encounter Controlled Substance
Auto Instructions, None       Update Key Fields         Special Handling, Regular       Update Key Fields         Save       Delete Cancel         Patient Modecation       Save         Medication:       Sobeline         Periods       Image: Sobeline         Image: Sobeline       Image: Sobeline         Periods       Image: Sobeline         Image: Sobeline       Image: Sobeline		One-Time Medication Requires Preventive Care
Auto Histrations, Toole       Update Key Fields         Special Handling, Regular       Update Key Fields         Save       Delete         Cancel       Medication         Potient Modecation       Save         Description       Listingen         Description       Listingen         Diagnosis       NOS         Strength       Sing         Per Dose:       100         Units:       Tablet         Regular       MDD:         Days Covered       O         O       PRN         Mode Tablet       Refiles Allowed:         Dispense As Written       Allow Substitution Of Farm/Units         Provider:       Other         Started       11/17/15         Storped:       7.7         Refiled:       7.7         Add To Eavorites       Change Strength       Change Sig	Regimen Set; Harrisolet	PRN PRN Allow Substitution of Form/Units
Operating regular         Save         Deletet         Cancel	Special Handling Results	Do not report to the patient porta
Save       Leitet       Lancel         Patient Medication       Strength       In the Supplies         Description       Leiter       NOS         Strength       Smap       Tablet         Diagnosis       In the Supplies       NOS         Per Dose:       100       Units: Tablet       Route:         Days Covered       30       C 1 Month       10 Days & Other         Dispense       30       Units: Tablet       Refile: Allowed       Image: Constant of the Supplies         Dispense As Written       Allow Substitution Of Form/Units       Provider:       Other       Sample Given         Started       11/17/15       Stopped       / /       Refiled       / /         Note:       (for internal purposes only)       Sample Given       Image: Change Strength       Change Sig	openia ranumy, negutar	
Patient Medication       X         Medication       X         Description       Lisinopril         Description       Lisinopril         NOS       Strength         Strength       Smg         Tablet       NOS         Per Dose:       1.00         Units:       Tablet         Per Dose:       1.00         Units:       Tablet         Prequency:       QO         PRN       MDD:         MDD:       10         Tablet orally QD       MDD:         Days Covered       30       C 1 Month C 3 Month C 10 Days © Other         Dispense       30       Units:         Tablet       Refile Allowed:       D         Dispense As Written       Allow Substitution Of Form/Units         Provider:       Other       Sample Given         Started       11/17/15       Stopped: / /         Note:       (for internal purposes only)       Sample Given         Add To Eavorites       Change Strength       Change Sig	Save Delete	Gancel
Description.       Lisinopril       NOS         Strength:       Siring       Tablet         Diagnosis       Image: Siring       Tablet         Per Dose:       100       Units: Tablet       Route: PO         Frequency:       QO       Image: PRN       MDD:       10         It tablet orally QD       Image: PRN       MDD:       10         Days Covered       30       C 1 Month       C 10 Days       Other         Dispense       30       Units:       Tablet       Refile Allowed: D         Image: Dispense As Written       Allow Substitution Of Form/Units       Provider:       Other         Started       11/17/15       Stopped: 7 / Refiled: 7 /       Refiled: 7 /         Note:       (for internal purposes only)       Sample Given	Patient Medication	×
Description:       Displays         Strength:       Siring         Tablet       Displays         Per Dose:       100         Units:       Tablet         Prequency:       QD         Itablet orally QD       PRN         Days Covered       30       1 Month         Itablet orally QD       Provide:         Days Covered       30       1 Month         Itablet orally QD       Provide:         Dispense:       30       Units:         Tablet       Refits Allowed:       D         Dispense:       Allow Substitution Of Form/Units         Provider:       Other         Started:       11/17/15       Stopped         Note:       (for internal purposes only)       Sample Given         Add To Eavontes       Change Strength       Change Sig	Description 200001	1
Diagnosis     Per Dose:     Trequency:     OO     PRN     MDD:     1 tablet orally OD     Days Covered     30     1 Month     31 Month     10 Days     Provider     Image: Dispense As Written     Image: Provider     Image: Dispense As Provider     Image: Dispense As Providere	Strength Engl	
Per Dose:       1.00       Units:       Tablet       Route:       PO         Frequency:       QO       PRN       MDD:       10       Image: Comparison of the comparison of	Diagonaria	
Per Dose: 100 Units: Tablet Route: PO Frequency: QD PRN MDD: 10 Tablet orally OD Days Covered 30 C 1 Month C 10 Days © Other Dispense: 30 Units: Tablet Refils Allowed: D Dispense As Written Refils Allowed: D Dispense As Written Refiled II / T Started 11/17/15 Stopped / T Refiled / T Note: (for internal purposes only) Add To Eavorites Change Strength Change Sig		al
Prequency: GD       I PRN       MDD: 10         1 tablet orally QD       Image: Covered 30       Image: 1 Month       10 Days @ Other         Days Covered 30       Units: Tablet       Refils Allowed: D       Image: Dispense 30       Units: Tablet       Refils Allowed: D         Dispense As Written       Image: Allow Substitution Of Form/Units       Image: Other       Image: Provider: Other       Image: Covered 11/17/15       Stopped 1/7       Refiled: 1/7         Note:       (for internal purposes only)       Image: Sample Given       Image: Sample Given       Image: Startes       Change Strength       Change Sig	Per Dose: 1.00 Units: Tablet Route: PO	1
1 tablet orally UD         Days Covered 30       C 1 Month C 3 Month C 10 Days C Other         Dispense 30       Units: Tablet       Refile Allowed: 0         Dispense As Written       Image: Allow Substitution Of Form/Units         Provider:       Other         Started       11/17/15         Storted       11/17/15         Storted       11/17/15         Storted       11/17/15         Storted       11/17/15         Note:       (for internal purposes only)         Started       Change Strength         Change Sig       Change Sig	Frequency: QD I PRNMDD: 1.0	
Days Covered 30 C 1 Month C 3 Month C 10 Days C Other Dispense 30 Units: Tablet Refils Allowed: 0 Dispense As Written Allow Substitution Of Form/Units Provider: Other Started: 11/17/15 Stopped: / / Refiled: / / Note: (for internal purposes only) Sample Given Add To Eavorites Change Strength Change Sig	1 tablet orally GD	
Days Covered 30 C 1 Month C 3 Month C 10 Days © Other Dispense 30 Units: Tablet Refils Allowed: 0 Dispense As Written Refiled Of Form/Units Provider: Other Started 11/17/15 Stopped: 7 7 Refiled: 7 7 Nate: (for internal purposes only) Sample Given Add To Eavorites Change Strength Change Sig		
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	Dispense: 30 Units: Tablet 💽 Refils Allowed: D	
Provider: Other	Dissense As Written	
Provider.     Other       Started.     11/17/15     Stopped.       Image: The stopped		
Started:       11/17/15       Stopped:       / /       Refiled:       / /         Note:       (for internal purposes only)       ISample Given         Add To Eavorites       Change Strength       Change Sig	Provider Other	
Started 11/17/15 Stopped / / Refiled: / / Note: (for internal purposes only) Sample Given Add To Eavorites Change Strength Change Sig		
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Add To Eavorites Change Strength Change Sig	Note: (for internal purposes only)	
Add To Eavorites Change Strength Change Sig		5
Add to Eavontes Change Strength Change Sig		
	Add to Eavontes Change Strength Change Sig	
Save Print One-Time Cancel	Save Print One Time Gancel	

## Selecting a Pharmacy in the Patient's Chart

Account: DOB: 11/	5337 Patie 01/73	505-461-4376           nt Test           Age: 43         Sex: M	S85-461-4376         Overview         Problems         Meds         History         Flow Sheets         Notes         ObJGyn         CPE         Doc           Test :: 43         Sex: M         Meintenance         One-Time         Supples         Wegmans f								Documents
				Medication	Strength	MDD	Instructions	Start	End		Add Med
"ast Visit	12/15/15	Next Visit:	Nife	dipine	10mg	1.0	1 Capsule da	11/17/15			Stop Med
	Wegmans	s #12 (24 Hrs)	Lisi	nopril	5mg	1.0	1 Tablet daily	11/17/15			Delete Med
Schedu	ile Inbo	x TOC Visit	j <b>≊</b> i Zith	romax	250mg	1.0	1 daily	03/23/10	08/10/15		Refill
RI Nor	adiology	Other									Build List
1.00		CITE ENG BOOMDS	8					0			No Meds
Date 2/22/17	Type Notes	Subject A									Refill Hx
2/19/17	Labs	PT/INR	8		8			<u></u>		I	Reaction
02/19/17	Other	Phone Call - medication	8.				2	3	-	8	
2/19/17	Other	Phone Call - chest pain									Drug Info Sheet
2/15/16	Notes	Diabetes mellitus with	10		3		6	3 =			-
2/13/16	Notes	Notes								18	Pharmacy

From patient's Medication list, click on **Pharmacy**.

### From Pharmacy Info window, click Select Pharmacy.

You may select a Pharmacy as the patient's Primary, Secondary or Mail Order pharmacy depending on which tab you select.

Primary	Seco	ondary	Mail Order
	Select	Pharmacy	
Name:	Wegma	ns #12 (2	4 Hrs)
Address:	2833 Ri	dge Rd. V	Vest
	Greece	- Ridgem	ont Plaza
City:	Roches	ter	
State:	NY	Zip Cod	e: 14626
Phone:	585-723	-6020	
MD Phone:	585-723	-1760	
Fax:	723-365	7	
	<u>D</u>	elete	

From **Select Pharmacy** window, search for correct pharmacy by name. You may narrow search by putting in street address # or zip code in the location field. **If pharmacy is not local,** uncheck "Limit search to region". Make sure you are searching from the **Master List** and NOT the Active Table.

Select Pharmacy				
Name: WAU	CODnit search to region	E Full text search		
Type: All Pharmacies	<ul> <li>Search from: C Active Ta</li> </ul>	ble 🕐 Master List		
		0		
Location	ter List will automatically			
be added to your Active	e Table for future use)			
Wal-Mart Neighbirhood Market 5640	1120 S Anaheim Blvd	Anaheim, CA 92805	657-208-5384	Retail
Wal-Mart Neighborhhod Market 4149	7421 E. Independence Blvd	Charlotte, NC 28227	704-595-4013	Retail
Wal-Mart Neighborhood Market 4426	1042 Manchester Expy	Columbus, GA 31904	706-330-5353	Retail
Wal-Mart Neighborhood 4491	541 Warrior Way	Grand Junction, CO 81504	970-208-0041	Retail
Wal-Mart Neighborhood 4626	1723 McFarland Rd	Junction City, KS 66441	785-492-6027	Retail
Wal-Mart Neighborhood Maket 6398	1589 Saxon Blvd	Deltona, FL 32725	386-457-6190	Retail
Wal-Mart Neighborhood Market 2226	19340 Hawthome Blvd	Torrance, CA 90503	310-750-2409	Retail
Wal-Mart Neighborhood Market 2305	325 Oakland St	Bristol, CT 06010	860-506-2266	Retail
Wal-Mart Neighborhood Market 2328	2014 Wade Hampton Blvd	Greenville, SC 29615	864-214-8703	Retail
Wal-Mart Neighborhood Market 2376	4651 Woodstock Rd NE Ste	Roswell, GA 30075	770-552-0680	Retail
Wal-Mart Neighborhood Market 2391	8745 Little Rd	New Port Richey, FL 34854	727-264-5224	Retail
Wal-Mart Neighborhood Market 2393	640 S.E. 4th Street	Moore, OK 73160	405-794-3581	Retail
Wal-Mart Neighborhood Market 2394	1500 S.W. 59th St.	Oklahoma City, OK 73119	405-684-9764	Retail
Wal-Mart Neighborhood Market 2395	9411 So Delaware Ave	Tulsa, OK 74137	918-299-5764	Retail
Wal-Mart Neighborhood Market 2396	12700 S Military Trail	Boynton Beach, FL 33436	561-808-1092	Retail
Wal-Mart Neighborhood Market 2397	2951 Matlock Rd	Mansfield, TX 76063	817-453-5635	Retail
Wal-Mart Neighborhood Market 2406	3001 S Federal Hwy	Delray Beach, FL 33483	561-450-3021	Retail
Wal-Mart Neighborhood Market 2414	973 N Harrison Ave	Cary, NC 27513	919-337-9784	Retail
Wal-Mart Neighborhood Market 2415	3429 State Street	Schenectady, NY 12304	518-387-3349	Retail
10 S.M.		Cancel ]		

#### Click on correct pharmacy.

select Pharmacy					
Name: WAL	Limit search to region	on 🗖 Full text search			
Type: All Pharmacies	<ul> <li>Search from: C Active</li> </ul>	Table 🔎 Master List			
Locationy 33483	der List will automatically				
be added to your Act	ive Table for future use)				
Wal-Mart Neighborhood Market 2406	3001 S Federal Hwy	Delray Beach, FL 33483	561-450-3021	Retail	
Wal-Mart Pharmacy mail order 2625	1025 West Trinity Mills	Carroliton, TX 75006	800-273-3455	Mail Order	
Walgreens Drug Store 02547	430 Ne 6th Ave	Delray Beach, FL 334835608	561-272-5523	Retail	
Walgreens Drug Store 06014	1015 S Federal Hwy	Delray Beach, FL 334835131	561-278-4251	Retail	
Walgreens Drug Store 06015	3200 S Federal Hwy	Delray Beach, FL 334833260	561-330-7271	Retail	
Valgreens Mail Order	8337 S. Park Cir.	Orlando, FL 32B19	800-345-1036	Mail Order	
Walgreens Mail Service Inc	8350 S. River Pkwy	Tempe, AZ 852842615	800-345-1036	Mail Order	
		Cancel ]			

#### Click Exit.

Primary	Secondary	Mail Order
	Select Pharmacy	]
Name:	Wal-Mart Neigh	borhood Ma
Address:	3001 S Federal	Hwy
City:	Delray Beach	
State:	FL Zip Co	ode: 33483
Phone:	561-450-3021	
MD Phone:		
Fax:	561-450-3022	
	Delete	
	Ext	

## Updated/New pharmacy will now be in in patient's chart.

 Overview
 Problems
 Meds
 History
 Flow Sheets
 Notes
 Ob/Gyn
 CPE
 Documents

 Maintenance
 One-Time
 Supplies

Medication	Strength	MDD	Instructions	Start	End	-	Add Med	
Tithromex	500mg	1.0	1 090y	03/11/15			Charles March	
lifedipine	10mg	1.0	1 Capsule da	11/17/15			Stop Med	
isinopril	5mg	1.0	1 Tablet daily	11/17/15			Delete Med	
thromax	250mg	1.0	1 daily	03/23/10	08/10/15			
							Refill	