Controlled Substance Refill Requests

07/08/2024 7:53 pm EDT

Controlled substance refill requests sent by pharmacies can be found in your message center (

 \square

) in the upper right corner of your DrChrono account.

s	chedı	ile	Cli	nical	F	Patient	ts Repo	rts Billin	g Accour	nt Help	×							Search			
0	Ju	I	•	2020	~	0	+ Event	🗂 Today	${oldsymbol{\mathcal{C}}}$ Refresh	🖶 Print Appts				Jul 19 2020 - Jul 25	₩		Dail	y Exam Rooms	Doc	tor	Monthly
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12	13	14	15	16	17	18	9:00am							9:00 - 10:00 am Jenny (Jen) Harris: P	BW Primary	9:00 - 9:30 am B Jenny (Jen) Harris: Primary	N 9:00	- 9:45 am anda Jones: Primary	BW 9:	00 - 10:15 am /an James: Prima	BW ry Office

In the request, you will have the ability to **Replace** or **Deny** the prescription. By default, **Deny** will always be selected when the request is generated in the message center. Height, weight, and recent appointment information will also be included in the request.



Note: Height and weight will be included in the prescription to the pharmacy. However, they are not required. This information can be entered in the **System Vitals** section of the appointment. DrChrono pulls the latest measurements to include in the prescription.

Appointment E	Billing	Eligibility	Vitals	Grow	thcharts	Flags	Log Co	omm. F	Revisions	Custom Data	MU Helper	
Units 🕸 🗸									Full Vitals H	listory (pdf)	Full Vitals Histor	y (csv)
System Vitals					Note	Rendering (Options:	Newest to ol	dest 🗸 D	ate on side	•	~
Name		07/26/2021 04:10 PM	07/27/20 09:40 A	021 M	07/28 04:1	3/2021 0 PM	07 / 09	29/2021 :40 AM	07/: 04:	30/2021 10 PM	Current Vis 08/02/2021 at 02:	it 20 PM
Temperature (f)												
Pulse (bpm)												
Blood Pressure (mmHg)										/	
Respiratory Rate (rpm)										(
Oxygen Saturation (%)										[
Height (in)												
Weight										[lb	

Note: Before sending a prescription, please ensure you have the patient's complete address, date of birth, and

gender recorded in the patient's chart.

To deny the request, select Deny, enter the Denial Reason (required) and click Deny.

Renewal Request Details

Number of Refills Requested: 1

Note from Pharmacy: Instruct the patient or caregiver on the appropriate administration instructions

Your Response

This medication is a controlled substance. You can only replace with a new eRx or deny it.

Response

Replace with new eRx
 Deny

Denial Reason

Denial Reason

Deny

To send the replacement prescription, select the **Replace with new eRx** button. Fill in the prescription information and click **Preview Prescription**.

our	Response						
This n	medication is a co	ntrolled substance. You can only	replac	ce with a new	v eRx o	r deny it.	
Respon Repla	ise ace with new eRx						
Med	lication			Favorite m	edicatio	ons v	×
Type* Medic	Medica	ation Compound Supply		A C	ontrolled	Substance Le	evel 2
Cote	empla XR-ODT 17.	3 mg oral tablet, disintegrating, e	extenc	led release			+
SIG*	0				N/A: Effecti	U Brand ve Date	RX
٥	Place one whole	tablet on the tongue and allow it	to di	sintegrate			
109 / 1	140						
Dispe	ense*	Dispense Unit*		DAW		Total Fills	
Ad Notes	Id to Favorites s to Pharmacist se do not enter SIG, E	Add to Medication List	uantity	or Dispense U	NO Jnit in thi	s field.	•
Inst	ruct the patient or	caregiver on the appropriate adr	ninistr	ation instruc	tions		
Patier	nt's Prescriptions	—					
Previe	w Prescription						

Note: When processing a controlled substance refill request, there are no options for refills. Instead, there is a **Total Fills** box. The **Total Fills** box will automatically fill to 1 for level 1 and 2 controlled substances. The **Effective Date** must be the current date or a date in the future. Clicking on**Patient's Prescription** will take to the **Outgoing Prescription Report** for the patient.

Next, check the **Ready to sign** box and click **Send Prescription**.

d Prescription					
					eady to sig
				1	
Drug-Drug & Drug-Allergy Interactions					\
Risk Severity Drug 1 Drug 2 Interaction Summary					
	 No drug interactions found 				
Midication List					
Cotempla XR-ODT 17.3 mg oral tablet, disintegrating, extended release (CS Level 2)					Ready to sign
Plan one whole tablet on the tongue and allow it to disintegrate without chewing or crushing, one time daily	Dispense: 30	Effective Date:	PUC: Tablet	DaW: No	Refilis: 1
Note the Photometer Test food allost or FAE MOT DEFECTION					

You will be prompted to validate the prescription with two-factor authentication. Enter your DrChrono password and the code sent to your device and click **Sign & Send Prescription**.

	Authentication is Requir	ed	×
Details	By completing the two-factor auth signing the prescription(s) and aut previous screen to the pharmacy i protocol may only be completed to registration number appear in the	nentication protocol at this time, you are legally horizing the transmission of the information in the for dispensing. The two-factor authentication by the practitioner whose name and DEA previous screen.	ne g, extended release
ngue and allow it to disintegrate without chewing or crush	You will be prompted for inputting ID.me Push Notification once yo ID.me	your ID.me Code (Six Digits) and/or Accept u select Sign & Send Prescription. Verified by	rithout chewing or crushing, one time daily
	DrChrono Password: ID.me Code (Six Digits):	290857	instructions
on the appropriate administration instructions		•	
ils		Close Sign & Send Prescription	n

Once the prescription is sent the refill request message will be archived.

Response sent successfully. Message will be archived	•
	ОК
Last Appointment Date.	
Upcoming Appointment Date: 2021-08-02	

Medication Dispensed Details

	Drug Description: Cotempla XR-ODT 17.3 mg oral tablet, dis
	Quantity Unit of Measure: Tablet
	Quantity Value: 30
time daily	SIG: Place one whole tablet on the tongue and allow it to disir
	Days Supply: None
	Substitutions: Not Allowed
	Effective Date:
	Date Requested: 2021-08-03
	Note: Instruct the patient or caregiver on the appropriate adm

Within the patient's chart, you can view the **Renewals & Refill Requests**. The status will reflect the Replace or Deny actions. Clicking the envelope icon (

) will open the original refill request in the message center.

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			Status			
	Replace by Provider			vider		
			Replace by Provider			
			No response			
				N		
Renewal & Refill	Requests			\		
Date Received	Medication	SIG	Pharmacy	Status	Response Note	1
Aug 2, 2021	tamoxifen 10 mg oral tablet	Use as directed every 6 hours	Shollenberger Pharmacy	Replace by Provider		
Aug 2, 2021	Cotempla XR-ODT 17.3 mg oral tablet, disintegrating, extended release	Use as directed every 6 hours	Shollenberger Pharmacy	Replace by Provider		1
Aug 2, 2021	Cotempla XR-ODT 17.3 mg oral tablet, disintegrating, extended release	Use as directed every 6 hours	Shollenberger Pharmacy	No response		

Pharmacies can also send follow-up refill requests.

& Follow-up eRx Renewal Request for Zachary Delaplaine

From: Shollenberger Pharmacy Wednesday, August 04, 2021 5:15 PM

Request Log

1st follow-up request: received on August 04, 2021 5:20 PM Original request: received on August 04, 2021 5:15 PM