

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 (



) in the upper right corner of your DrChrono account.

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.

Name	07/26/2021 04:10 PM	07/27/2021 09:40 AM	07/28/2021 04:10 PM	07/29/2021 09:40 AM	07/30/2021 04:10 PM	Current Visit 08/02/2021 at 02:20 PM
Temperature (f)						
Pulse (bpm)						
Blood Pressure (mmHg)						
Respiratory Rate (rpm)						
Oxygen Saturation (%)						
Height (in)						
Weight						

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**.

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

Medication

Favorite medications ⌵ ✕

Type* **Medication** Compound Supply

Medication* ⚠ Controlled Substance Level 2
Cotempla XR-ODT 17.3 mg oral tablet, disintegrating, extended release ⌵

SIG* ⓘ ⚙ Place one whole tablet on the tongue and allow it to disintegrate Effective Date

109 / 140

Dispense* Dispense Unit* ⌵ Tablet DAW Yes **No** Total Fills

Add to Favorites Add to Medication List ⓘ

Notes to Pharmacist
* Please do not enter SIG, Effective Date, Drug Name, Strength, Quantity or Dispense Unit in this field.

Patient's Prescriptions

Preview 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**.

Send Prescription

Ready to sign

Drug-Drug & Drug-Allergy Interactions

Risk	Severity	Drug 1	Drug 2	Interaction Summary
				✓ No drug interactions found

Medication List

ⓘ Cotempla XR-ODT 17.3 mg oral tablet, disintegrating, extended release (CS Level 2)	<input type="checkbox"/> Ready to sign
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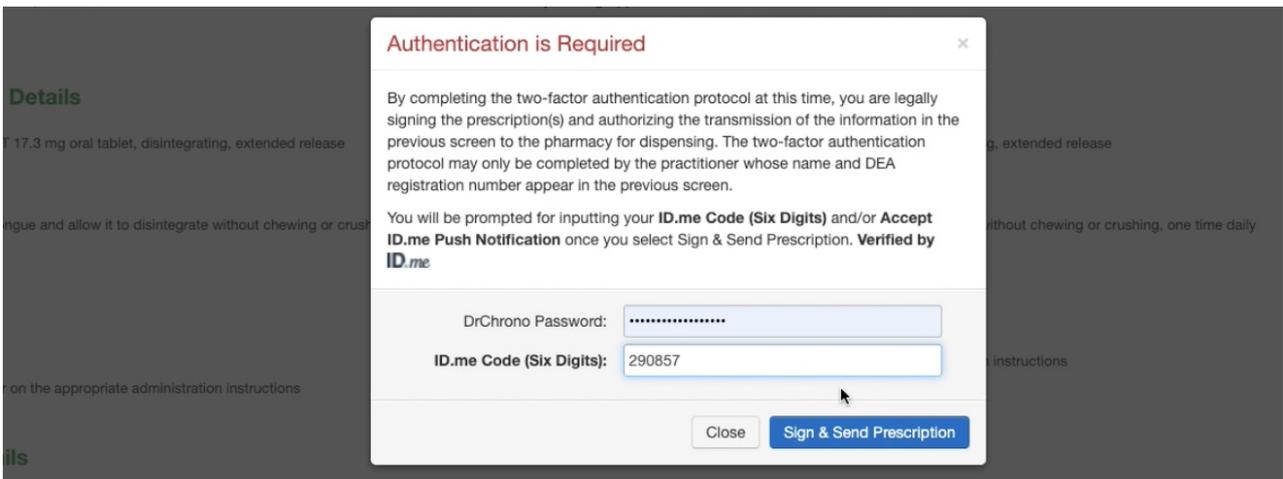
Please one whole tablet on the tongue and allow it to disintegrate without chewing or crushing, one time daily

Dispense: 30 Effective Date: PJC: Tablet Daff: No Refills: 1

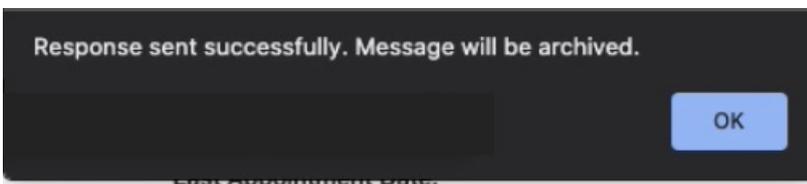
Note to Pharmacist: TEST FOR AUDIT. PLEASE NOT PRESCRIBE

Send Prescription **Edit Prescription**

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**.



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



Upcoming Appointment Date: 2021-08-02

Medication Dispensed Details

Drug Description: Cotelpla 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.

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

Status

- Replace by Provider
- Replace by Provider
- 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