
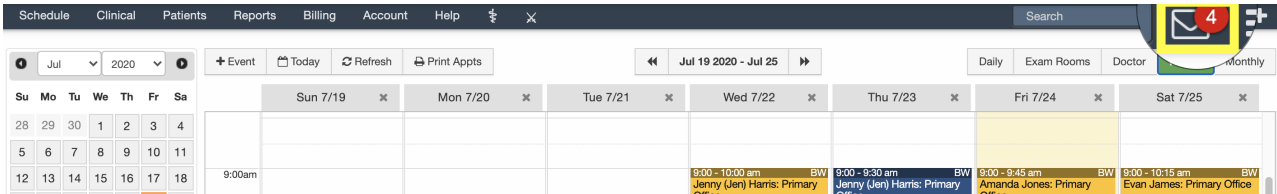


eRx Refill Requests

07/24/2024 11:37 pm EDT

Refill requests sent by pharmacies can be found in your message center () in the upper right corner of your DrChrono account.



Once you open the request, you can review the prescription and **approve, replace** or **deny** the refill request.

New eRx Renewal Request for Zachary

From: Shollenberger Pharmacy Tuesday, March 22, 2022 4:58 PM

Request Log
Original request: received on March 22, 2022 4:58 PM

Pharmacy Details
Pharmacy Name: Shollenberger Pharmacy
Address: 2002 S. McDowell Blvd Ext, Petaluma, CA 94954
Phone:

Prescriber Details
Prescriber Name:
Address: 2222, EPCS Lane, Irvine, CA 92618
Phone:

Patient Details [View Patient Info](#)
Name: Zachary
Sex: M
Date of Birth: 2010-12-01
Address:
Phone: Not available on prescription

Medication Prescribed Details
Drug Description: tamoxifen 10 mg oral tablet
Quantity Unit of Measure: Tablet
Quantity Value: 2
SIG: Use as directed every 6 hours
Days Supply: None
Substitutions: Allowed
Effective Date:
Date Prescribed: 2022-03-22
Number of Refills Prescribed: 0
Note: TEST FOR AUDIT, PLEASE NOT PRESCRIBE

Medication Dispensed Details
Drug Description: tamoxifen 10 mg oral tablet
Quantity Unit of Measure: Tablet
Quantity Value: 2
SIG: Use as directed every 6 hours
Days Supply: None
Substitutions: Allowed
Effective Date:
Date Requested: 2022-03-22
Note: TEST FOR AUDIT, PLEASE NOT PRESCRIBE

Your Response
Response
 Approve
 Replace
 Deny

Total Fills
2

Renewal Request Details
Total Fills Requested: 2
Note from Pharmacy: TEST FOR AUDIT, PLEASE NOT PRESCRIBE

Your Response
Response
 Approve
 Replace
 Deny

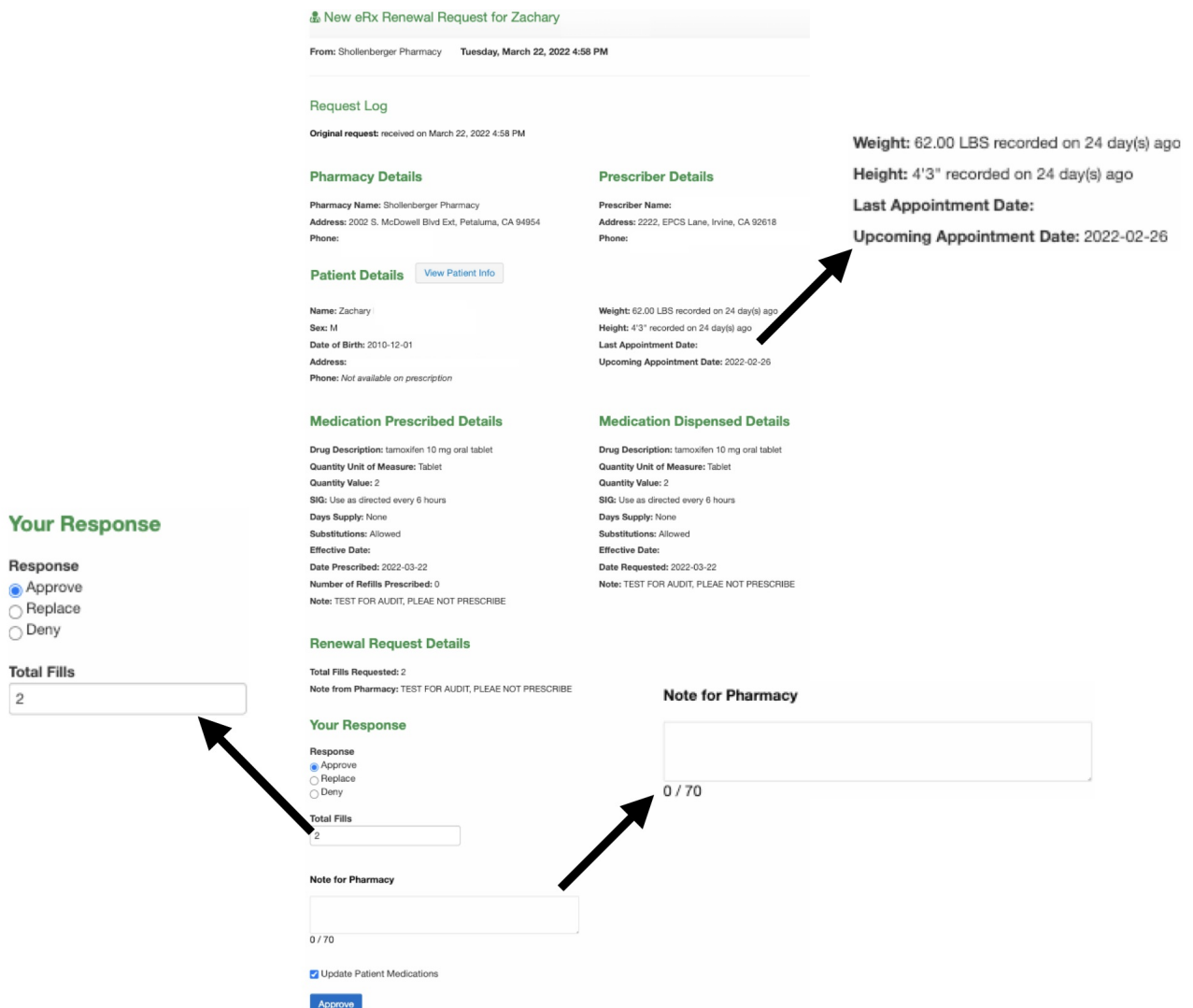
Total Fills
2

Note for Pharmacy
0 / 70

Update Patient Medications
[Approve](#)

Weight: 62.00 LBS recorded on 24 day(s) ago
Height: 4'3" recorded on 24 day(s) ago
Last Appointment Date:
Upcoming Appointment Date: 2022-02-26

Note for Pharmacy
0 / 70



Note: Height and weight will be included in the prescription to the pharmacy. However, they are not required.

Appointment	Billing	Eligibility	Vitals	Growthcharts	Flags	Log Comm.	Revisions	Custom Data	MU Helper
Units		Full Vitals History (pdf)			Full Vitals History (csv)				
System Vitals			Note Rendering Options: Newest to oldest Date on side						
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)						<input type="text"/>			
Pulse (bpm)						<input type="text"/>			
Blood Pressure (mmHg)						<input type="text"/> / <input type="text"/>			
Respiratory Rate (rpm)						<input type="text"/>			
Oxygen Saturation (%)						<input type="text"/>			
Height (in)						<input type="text"/>			
Weight						<input type="text"/> lb <input type="text"/>			

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 approve the request, edit the number of total fills(if needed), add any notes, and click **Approve**.

Renewal Request Details

Total Fills Requested: 2

Note from Pharmacy: TEST FOR AUDIT, PLEAE NOT PRESCRIBE

Your Response

Response

- Approve
- Replace
- Deny

Total Fills

Note for Pharmacy

0 / 70

Update Patient Medications

Approve

To replace with a new medication, select **Replace**. Enter the prescription information, and select **Preview Prescription**.

Response

- Approve
- Replace
- Deny

▼ ⓘFavorite medications ▼ ✕

Type* Medication Compound Supply

Medication*

SIG* ⓘ Effective Date

29 / 140

Dispense* Dispense Unit* DAW Total Fills

Add to Favorites Add to Medication List ⓘ

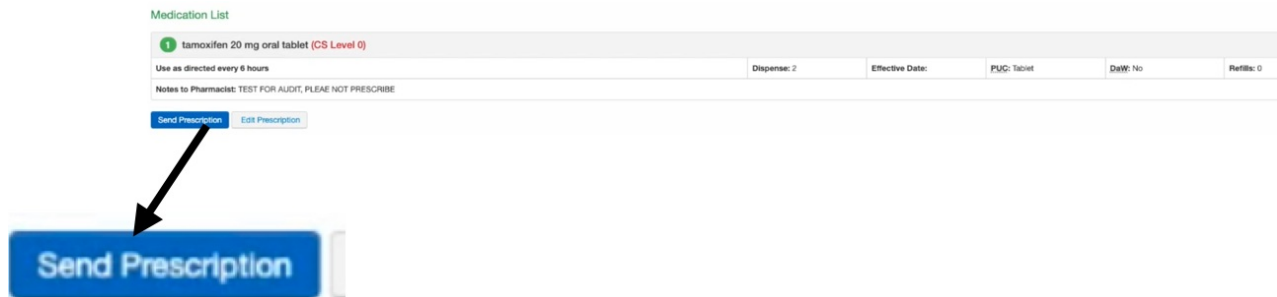
Notes to Pharmacist

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

Patient's Prescriptions

Preview Prescription

You will be taken to a new page, select **Send Prescription** to complete the request.



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:

Your Response

Response

- Approve
- Replace with new eRx
- Deny

Denial Reason

Deny

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 take you to 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	Cotempla XR-ODT 17.3 mg oral tablet, disintegrating, extended release	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	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