# **Controlled Substance Refill Requests**

07/24/2024 1:20 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.

So	che	dule	•	Cli	nical	F	Patien	ts Repor	rts Billing	g Accou	nt Help <sup>y</sup>	\$ X							Search			<u>4</u> 🛃
0		Jul		•	2020	~	0	+ Event	🗂 Today	${oldsymbol{\mathcal{C}}}$ Refresh	🔒 Print Appts			-	Jul 19 2020 - Jul 25	₩			Daily Exam Roor	ms	Doctor	Monthly
Su	N	lo	Tu	We	Th	Fr	Sa		Sun 7/	19 ×	Mon 7/20	×	Tue 7/21	×	Wed 7/22	×	Thu 7/23	×	Fri 7/24	х	Sat 7/25	×
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5	(	6	7	8	9	10	11															
12	1	3	14	15	16	17	18	9:00am							9:00 - 10:00 am Jenny (Jen) Harris: F	BW Primary	9:00 - 9:30 am Jenny (Jen) Harris: Prim	BW Iary	9:00 - 9:45 am Amanda Jones: Prima		9:00 - 10:15 am Evan James: Prim	BW any 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.

	Request Log		Weight: 80 LBS recorded on 2021-07-07
			Height: 5'2" recorded on 2021-07-07
	Original request: received on August 3, 2021 5:58 PM		Last Appointment Date: 2021-07-12
	Pharmacy Details	Prescriber Details	
			Upcoming Appointment Date: 2021-07-15
Your Response	Frem: Sholenberger Pharmacy Address: 2002 S. McDowell Blvd Ext, , Petaluma, CA 94854 Phone: 7078645571	Tec Epos Test Address: TEST1 TEST TEWT, TEST2, Irvi Phone: 3235946776	ne, CA 52518
	Patient Details Vew Patient Info		
This medication is a controlled substance. You can only replace with a new eRx or deny it.	Name: Zachary Delsplaine Sea: M	Weight: 60 LBS recorded on 2021-08-04 Height: 4'8' recorded on 2021-08-04	
	Date of Birth: 2010-12-01	Last Appointment Date:	•
Response	Address: 901 Sauxblanc Bivd, , Petaluma, CA 94952 Phone: Not available on prescription	Upcoming Appointment Date: 2021-08-	02
<ul> <li>○ Replace with new eRx</li> <li>● Deny</li> </ul>	Medication Prescribed Details Drug Deception: Cottings XIV:0001 17.3 mg cml tablet, dialntegrating, extended release	Medication Dispensed De Drug Description: Cotempla XR-00T 17 Quantity Unit of Measure: Tablet	<b>tails</b> 3 mg oni lablet, disintegrafing, extended release
N N	Quantity Unit of Measure: Tablet Quantity Value: 30	Quantity Value: 30	
	SIG: Place one whole tablet on the tongue and allow it to disintegrate without chewing or crushing, one time daily		e and allow it to disintegrate without chewing or crushing, one time daily
	Days Supply: None Substitutions: Not Allowed	Days Supply: None Substitutions: Not Allowed	
N N	Effective Date:	Effective Date:	
\ \	Date Prescribed: 2021-08-00	Date Requested: 2021-08-03	
	Number of Refills Presoribed: 0 Note: Instruct the patient or caregiver on the appropriate administration instructions	Note: Instruct the patient or caregiver on	the appropriate administration instructions
\	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 ORciace with new eRx Onry		

**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	Billing	Eligibility	Vitals	Grow	thcharts	Flags	Log C	omm.	Revisions	Custom Data	MU Helper	
Units 🕸 🗸									Full Vitals H	listory (pdf)	Full Vitals Histo	ry (csv)
System Vitals					Note	Rendering	Options:	Newest t	o oldest 🖌 🕻	Date on side	•	~
Name		07/26/2021 04:10 PM	07/27/20 09:40 A			B/2021 IO PM		/29/2021 9:40 AM		30/2021 :10 PM	Current Vis 08/02/2021 at 02	
Temperature (f)												
Pulse (bpm)												
Blood Pressure (mmH	lg)										/	
Respiratory Rate (rpm	۱)											
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	nedication is a cor	ntrolled substance. You can only repl	ace with a ne	w eRx or deny it.
Respon Repla	ace with new eRx			
Med	lication		Favorite m	nedications 🗸 🗙
Type*	Medica	tion Compound Supply	AC	Controlled Substance Level 2
Cote	mpla XR-ODT 17.	3 mg oral tablet, disintegrating, exte	nded release	+
SIG*	0			N/A: U Brand RX Effective Date
٥	1	tablet on the tongue and allow it to	disintegrate	
109 / 1 Dispe		Dispense Unit*	DAW	Total Fills
Elspe	32	Tablet v	Yes	No 1
Notes	s to Pharmacist	Add to Medication List ④	k	Unit in this field.
Inst	ruct the patient or	caregiver on the appropriate adminis	stration instru	ctions
Patier	nt's Prescriptions	<b>—</b>		
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**.

Send Prescription					and the steel
1					eady to sign
Drug-Drug & Drug-Allergy Interactions				1	\
Risk Severity Drug 1 Drug 2 Interaction Summary					
- N	to drug interactions found				
M dication List					$\mathbf{N}$
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	Refils: 1
Note to Pharmacist: TEST FOR AUDIT, PLEAE 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**.

	Authentication is Require	red	×
Details	signing the prescription(s) and aut previous screen to the pharmacy	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 crust		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		Close Sign & Send Prescriptio	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: 20	021-08-02

# **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.

 $\sim$ 

			Status		
			Replace by Pro	ovider	
			Replace by Pro	ovider	
			No response		
				R	
Renewal & Refill	Bonueste			\	
Renewal & Refill Date Received	Requests	SIG	Pharmacy	Status	Response Note
		SIG Use as directed every 6 hours	Pharmacy Shollenberger Pharmacy	Status Replace by Provider	Response Note
Date Received	Medication				Response Note

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