

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.

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.

Instruct the patient or caregiver on the appropriate administration instructions

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

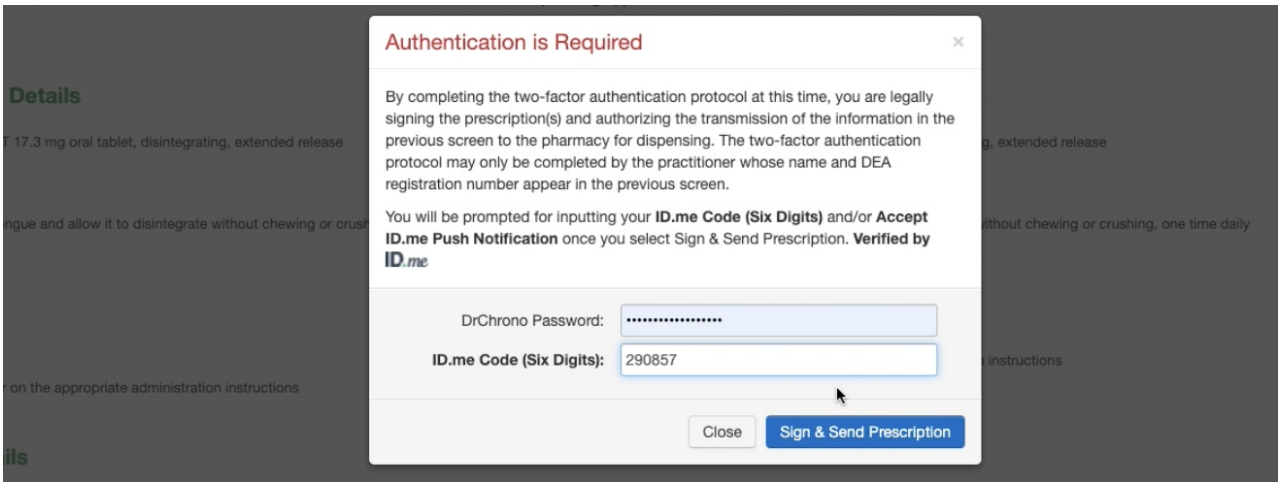
Medication List

ⓘ Cotempla XR-ODT 17.3 mg oral tablet, disintegrating, extended release (CS Level 2)	Dispense: 30	Effective Date:	PKG: Tablet	Diff: No	Refills: 1	<input type="checkbox"/> Ready to sign
--	--------------	-----------------	-------------	----------	------------	--

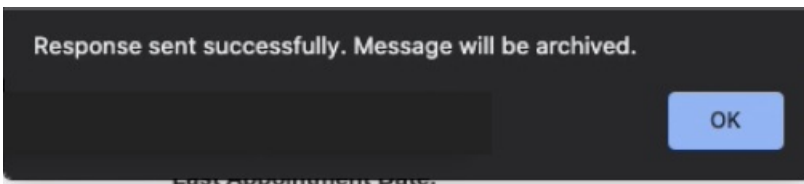
Notes to Pharmacist: TEST FOR AUDIT, PLEASE NOT PRESCRIBE

[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