

ADDING NEW PRESCRIPTIONS

Faculty and students may create their own sample patients and manually add prescriptions to those patients to create different scenarios.

New Rx is a manual submission form to submit a new prescription or a refill on a prescription. The form cannot be saved and must be completed near the time of creation to avoid loss of information.

Dispensations cannot be submitted with errors; any errors or missing values will need to be corrected before the dispensation can be submitted.

If a required value or required values are left blank and the user attempts to submit the form, the form will indicate the errors in red and provide an error message. All required values must be entered and valid to submit the form.

The form will not retain previously submitted values, such as pharmacy name, pharmacy address, or pharmacy identifier, however depending on your browser you may be able to retain this information for future use.

Do NOT make any changes to the patients who have been already populated into the test system.

Patient names must truly be non-existent people.

You may add any prescriptions you want to create any type of situation. Examples of situations you may wish to create are patients with multiple prescribers within the same practice; multiple prescribers who are not associated to each other; one prescriber and patient getting same medication at multiple pharmacies (which may indicate a photo-copied prescription).

STEP 1 - From MENU, go to Rx Management

STEP 2 - On the NEW RX tab:



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ual Submission Form		
Patient		
Patient Type:		
Human O Animal		
First Name*	Address*	ID Туре
		•
Middle Name	Address Line 2	ID Number
Last Name*	City*	Patient Location
		•
DOB*	State*	Phone Number
mm/dd/yyyy	Select State	
Gender	Postal Code"	
Unknown 🔻		
dress Line 2		Pharmacy NCPDP #
ty* ite* ielect State • stal Code*		Pharmacy Chain Site ID Permit Number Contact Name Contact Phone
y* ite* ielect State v stal Code*		Pharmacy Chain Site ID Permit Number Contact Name Contact Phone
y* tte* select State stal Code* Prescriber		Pharmacy Chain Site ID Permit Number Contact Name Contact Phone
y* ate* Select State Prescriber st Name*	Address One	Pharmacy Chain Site ID Permit Number Contact Name Contact Phone Prescriber DEA #*
y* Ite* ielect State v stal Code* Prescriber st Name*	Address One	Pharmacy Chain Site ID Permit Number Contact Name Contact Phone Prescriber DEA #* Q
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rescription Number*	Electronic Rx Order #	Payment Type
		•
Fill Date"	Electronic Rx Reference #	Date Sold
mm/dd/yyyy		mm/dd/yyyy
Written Date*	RxNorm Code Type	Bx Transmission Form
mm/dd/yyyy	T T T T T T T T T T T T T T T T T T T	T
2ofilla*	Dublerm Code	Directione
tenns	Raivoini Code	Directions
Authorized Defille*	Dy Sorial #	Treatment Tune
Authorized Rennis	RX Senai #	v
Days supply	RX Serial # Issuer	Diagnosis Code (ICD-10)
Partial Fill	Quantity Prescribed	
•		
Drug NDC Number* Compound	Quantity*	Units*
Drug NDC Number* Compound	Quantity*	Units* v
Drug NDC Number* Compound Pharmacist	Quantity*	Units*
Drug NDC Number* Compound Pharmacist Irst Name	Quantity*	Units* v
Drug NDC Number* Compound Pharmacist First Name	Quantity*	Units* v
PDrug NDC Number* Compound Pharmacist First Name Middle Name	Quantity*	Units* v
PDrug NDC Number* Compound Pharmacist First Name Aliddle Name	Quantity*	Units* v
PDrug NDC Number* Compound Pharmacist First Name Aiddle Name ast Name	Quantity*	Units* v
PDrug NDC Number* Compound Pharmacist First Name Middle Name asst Name	Quantity*	Units*
Drug NDC Number* Compound Pharmacist First Name Aliddle Name ast Name Other (Dispensation Surrogates)	Quantity*	Units* T
Drug NDC Number* Compound Pharmacist Pharmacist Irist Name ast Name Other (Dispensation Surrogates) First Name	Quantity*	Units* v
Drug NDC Number* Compound Pharmacist First Name Aiddle Name asst Name Other (Dispensation Surrogates) First Name	Quantity* Prescriber NPI # State License # Patient Relationship	Units*
Drug NDC Number* Compound Pharmacist First Name Aiddle Name Other (Dispensation Surrogates) First Name Middle Name	Quantity* Prescriber NPI # State License # Patient Relationship Top-off/Pick-up Type	Units*
PDrug NDC Number* Compound Pharmacist First Name Aliddle Name Other (Dispensation Surrogates) First Name Middle Name	Quantity* Quantity* Prescriber NPI # State License # Patient Relationship Top-off/Pick-up Type Top-off/Pick-up Type	Units*
Drug NDC Number* Compound Com	Quantity* Quantity* Prescriber NPI # State License # Patient Relationship Top-off/Pick-up Type T Drop-off/Pick-up ID #	Units"

PROVIDED BY:





To learn more, visit our website: www.oarrsacademy.ohio.gov

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