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:

| Error Correction | Rx Maintenance | New Rx | PharmacyRx | PharmacyRx History |

Manual Submission Form

⊖ Patient

Patient Type:
◉ Human   ○ Animal

First Name*	**Address***	ID Type
		▾
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 ▾		

⊖ Pharmacy

Pharmacy Name*	**Pharmacy DEA #*** 🔍
Address*	Pharmacy NPI # 🔍
Address Line 2	Pharmacy NCPDP # 🔍
City*	Pharmacy Chain Site ID
State* Select State ▾	Permit Number
Postal Code*	Contact Name
	Contact Phone

⊖ Prescriber

First Name*	Address One	**Prescriber DEA #*** 🔍
Middle Name	Address Two	Prescriber XDEA #
Last Name*	City	DEA Suffix
Phone Number	State Select State ▾	Prescriber NPI # REQUIRED even without "*" 🔍
	Postal Code	State License #

OARRS ACADEMY

ADDING NEW PRESCRIPTIONS

Prescription

Prescription Number *

Electronic Rx Order #

Payment Type

Fill Date *
mm/dd/yyyy

Electronic Rx Reference #

Date Sold
mm/dd/yyyy

Written Date *
mm/dd/yyyy

RxNorm Code Type

Rx Transmission Form

Refills *

RxNorm Code

Directions

Authorized Refills *

Rx Serial #

Treatment Type

Days Supply *

Rx Serial # Issuer

Diagnosis Code (ICD-10)
REQUIRED FIELD or "NC"

Partial Fill

Quantity Prescribed

Drug

NDC Number * ☐ Compound

Quantity *

Units *

Pharmacist

First Name

Prescriber NPI #

Middle Name

State License #

Last Name

Other (Dispensation Surrogates)

First Name

Patient Relationship

Middle Name

Drop-off/Pick-up Type

Last Name

Drop-off/Pick-up ID #

Submit   Cancel