### How to Add a Medication

Scheduled Patients         Compose Rx       0       y       Supplies       Pt       Dottors       Admin       Help       ePA       Tasks       Tracy       Palmer         PT.       Carrie Care       Doctor:       Tracy       Palmer       ✓         DOB:       1/1/1990       Gender:       Female Height:       70.00 In       Weight:       195.00 lbs         Surgescripts       Drug History       Request Genetic Test       Doctor:       Tracy       Palmer       ✓         Oligo       Image:       Image:       Image:       Image:       ✓       Favorites       Image:       ✓         Option:       Tracy       Palmer       ✓       Image:       ✓	🕕 iC	Search Patients	Tracy Palmer 💄	@HELP
Compose Rx 0 y Supplies Pt Details Pt Notes Problems Admin Help ePA Tasks o Tracy Palmer ▼ Pr. Carrie Care DOB: 1/1/1990 Gender. Female Height: 70.00 In Weight: 195.00 lbs Surescripts Drug History Request Genetic Test Drug Search 3 Drug Search 3 Drug Sets ▼ Compounds ▼		Schedule	ed Patients	
Compose Rx       1       y       Supplies       Pt Details       Pt Notes       Problems       Admin       Help       ePA       Tasks ②       Tracy Palmer ▼         Pr:       Carrie Care       Doctor:       Tracy Palmer       ✓         DOB:       1/1/1990       Gender:       Female       Height:       100:       ✓         Boctor:       Tracy Palmer       ✓       Health       Plan:       ✓         Request Genetic Test       Drug Search       3       Test Pharmacy       ✓       Test Pharmacy       ✓	< Back	E-PRESCR	IBE	
Pr. Carrie Care DOB: 1/1/1980 Gender: Female Height 70.00 In Weight: 185.00 lbs Surescripts Drug History Request Genetic Test Drug Search 3 Drug Search 3 Drug Sets ▼ Drug Sets ▼ Compounds ▼		Compose Rx (1) y Supplies Pt Details Pt Notes Problems	s Admin Help ePA Tasks 🔕 Tracy Palmer 👻	
+ Add Allergies	2	PT: Carrie Care DOB: 1/1/1980 Gender: Female Height: 70.00 in Weight: 185.00 lbs Surescripts Drug History Request Genetic Test Drug Search 3 + Add Allergies	Doctor: Tracy Palmer ✓ Health Plan: Pharmacy Test Pharma ✓ ☆ Favorites ✓ Drug Sets ✓ Compounds ✓ NKDA	
Active Medications		Active Medications	Takes No Medications	
Discontinued Medications ~		Discontinued Medications	~	

- 1. Click on the **Compose Rx** tab.
- 2. Type in the generic name of the medication you want to prescribe.
- 3. Click the Drug Search button.
- 4. Or, select the **Favorites** button to view your Favorite prescriptions, the **Drug Sets** button to view your Drug Sets, or the **Compounds** button to view your Compounds.

() iC	CoreRx	Search Patients		Tracy Palmer	@HELP
			Scheduled Patients		
< Back		E-	PRESCRIBE		
	Compose Rx	Med Entry Supplies Pt Details Pt Notes	Problems Admin Help	ePA Tasks 🛕 Tracy Palmer 🤊	
	Search Resu	lts			
	✓ amoxicil-c	larithromy-lansopraz [generic] show brands	Peptic Ulcer-Treatment H. Pylo	ri-Proton Pump Inhibitor and Antibiotics	
	∧ amoxicillir		Aminopenicillin Antibiotic		
	Unknown.	amoxicillin 250 mg			
	Unknown.	amoxicillin 500 mg capsule Take 4 caps 1 hour prior to dental app	ointment, #12 Refills: 1		
	Unknown.	amoxicillin 500 mg tablet	8		
	Unknown.	amoxicillin 875 mg tablet	U		
	Unknown.	amoxicillin 125 mg/5 mL oral suspension			
	Unknown.	amoxicillin 200 mg/5 mL oral suspension			
	Unknown.	amoxicillin 250 mg/5 mL oral suspension			

- 5. Click the **name of the medication** in black to display different dosage and form options.
- 6. You can click **Monograph** if you would like to access Lexicomp for the medication.



- 7. Click the **medication with the dosage and form** that you want to prescribe.
- 8. If the medication is saved in your favorites, it will appear underlined in black, and you can click **the favorite medication** to add it to Pending Rx.

The prescription pad should be filled out from Left to Right.

Open	Vusual adult 24-hour dose	e: 750.000 MG to 3000.000 MG R	enal adjustment recommended.			Add to Favorite
uantity	Form	Route	Frequency	Dispense	Dispense Form	Refills
1 <b>(9</b>	capsule	✓ by mouth	✓ TID (11)	21	Capsule 🗸	0
1 1-2 1-3 0.33/third 0.5/half 0.5-1 1.5 2 2.5 3 4 5 6	DAW / DNS		as directed DAILY BID TID QID Single dose Q1h WA Q2h WA Q2h WA Q2h Q3h Q4h Q4-6h Q6h	Days Supply 7 5 7 10 14 21 28 30 60 90	20 each BLIST PAC 4 each BOTTLE 5 each BOTTLE 6 each BOTTLE 8 each BOTTLE 9 each BOTTLE 10 each BOTTLE 14 each BOTTLE 14 each BOTTLE Additional Scripts	0 1 2 3 4 5 6 7 8 9 10 11 12
ax entry Dosage: 13 Iditional Sig (appears Take 4 caps 1 hour	s on Rx label) prior to appointment	MDD Unit capsule	~			Best Practices
					101 ch	aracters remaining

- 9. Select the **patient's dosage quantity** (how much the patient will take at one time).
- 10. Select DAW/DNS to indicate Dispense as Written/Do Not Substitute, or click PRN to indicate Take As Needed.
- 11. Select a **frequency** (how often the patient will take the medication).
- 12. Enter a **total dispense quantity**, or enter/select a **Days Supply** option, to auto-calculate the total dispense quantity based on the dosage quantity and frequency.
- 13. Write any **additional instructions** for the patient (eg. take with food, take until gone, etc.)
  - a. If you are prescribing a Pre-Med, please review the section How to Write a Pre-Med.
- 14. Write a **pharmacy message** if needed (eg. no childproof caps).
- 15. Click the '**Add to Favorites**' checkbox if you would like to add this prescription to your favorites. Click the blue **Prescribe** button.

#### How to Write a Pre-Med

Quantity	Form	Route	Frequency	Dispense	Dispense Form	Refills
Add'l Sig	capsule 🗸	by mouth 🗸	Add'I Sig	21	Capsule 🗸	0
5		PRN	Q72h	Days	Packaging Options	0
7	□ Timing		QHS in A.M.	Supply	20 each BLIST PACI ↑ 4 each BOTTLE	1 2
9 10 11 12 15 20 30 <b>Add'I Sig</b> 7.5	1	2	EVERY OTHER DA' 2 TIMES WEEKLY 3 TIMES WEEKLY Q1wk Q2wks Q3wks Q4wks Once a month Add'l Sig	5 7 10 14 21 28 30 60 90	5 each BOTTLE 6 each BOTTLE 8 each BOTTLE 9 each BOTTLE 10 each BOTTLE 14 each BOTTLE 14 each BOTTLE Additional Scripts	3 4 5 6 7 8 9 10 11 12
Max Daily Dosage:		MDD Unit: capsule v			Bes	st Practices
Additional Sig (appears on Rx la	abel)					
Take 4 caps 1 hour prior to	appointment					
					101 charao	cters remaining
Priarmacist Message (n	abei - no sig allowed)				⊔s	how on Chart
No childproof caps						
					192 charao	cters remaining

- 1. Select Add'l Sig for the patient's Dosage Quantity
- 2. Select Add'l Sig for the Frequency
- 3. Write out the custom pre-med instructions in Additional Sig
- 4. Write a Pharmacist Message if needed

5/20/22 ar	noxicillin 500 mg capsule	by mouth Take	4 caps 1 hour prior to appointme	nt 21 0 [7 da	Capsule 0 ays]	Detail
<b>Test Pharm</b> 123 Easy St	<b>acy</b> Somewhere, AL 12345		Retail Phone: (318) 123-1234 I	Fax: (318) 987-6	543	
_						
Trans	mit	Record	Print		Leave for	Staff
Trans	nit	Record	Print	<b>a</b> sr	Leave for	Staff Pharmacies
Rearch Pha	armacy Address	Record	Print Phone	a sr Type	Leave for now Location EPCS	Pharmacies 24 Hr

 Click on the Search button, to locate any US Pharmacy.
 a. Check the Show Location Pharmacies box, to show a list of pharmacies used in the past

🗹 Edit Patient Pharmac	🕼 Edit Patient Pharmacies							
Name	↑↓ Address		Phone		Fax			
			No data availa	ble in table				
Name 2			Phone/Fax		Cross Street/La	Indmark		
Name			Phone/Fax		Cross Street/Landmark			
Street Address			City		State		ZIP	
Street Address			City		Select	~	ZIP	
Q Search Cation List On	ly		✔ Retail 🗌 Mail Order 🗌 Special	ty 🗌 Long Term Care	EPCS Only	] 24 hr Only		Reset

- 2. Use one to two of the search parameters to search for a pharmacy.
- 3. Click the **Search** button.

Q Searc	h Location List Only	Retail 🗌 Mail Order 📄 Specialty 📄 Long Term Car	e EPCS Only :	24 hr Only	F	Reset
î↓	Name ↑↓	Address ↑↓	Phone îl	Type	<b>EPCS</b> $\uparrow \downarrow$	<b>24 Hr</b> ↑↓
Select	TEST	tEST test tEST, IL 60523	(630) 232-2020	Retail		
Select	4	testedwe ewerw test, GA 30096	(770) 931-6134	Retail		
Select	Test - Not in CRP	10 Test Kansas City, MO 89013	(714) 890-7890	Retail	~	

4. Click Select next to the desired pharmacy

Patient	Patient Details Saved! ×							×
+ Add	+Add Patient Pharmacies							
Name	t↓	Address	Phone		1	Fax		
TEST		tEST test tEST, IL 60523	(630) 232	-2020	1	(630) 232-2020		Delete

### How to Transmit a Medication

T	ransmit R	x					
	Date	Drug	Sig		Dispense	Refills	
-	5/20/22	amoxicillin 500 mg capsule	by mouth Take 4 caps	1 hour prior to appointment	21 Capsule [7 days]	0	Detail
	<b>Test Ph</b> 123 Eas	<b>armacy</b> y St Somewhere, AL 12345		Retail Phone: (318) 123-1234 Fax: (31	8) 987-6543		
	Τι	ransmit	Record	Print	Leav	e for Staff	

#### 1. Click the Transmit button

Tracy Palmer		
License: 123456789 DEA: AB1234579 NPI: 1212345671		
Demo - iCoreRx		
150 SouthWest Chamber Windermere, FL 34786		
Phone: (407) 555-9990 Fax: (407) 555-9991		
PATIENT: Carrie Care Gender: Female	DOB: 01/01/1980	DAY TEL:
1545 NE ClariCare Drive Philadelphia, PA 19131	MRN:	EVENING:
void void void void void void void void	Volb Volb Volb Volb	Brand Medicallyoid
AOID AOID AOID AOID AOID AOID AOID AOID	D AOID AOID AOID	VOID Necessary VOID
amovicility 500 mg by mouth Take 4 caps 1 hour prior to 21 (t	wenty one) yoin yoin	VOID VOID VOID
anioxiculti yold vola vola vola vola vola vola vola vola	apsule Volb Ovolb	AOID NOID AOID
Capsure voin voin Pharm.Message: No childproof caps	ay supply your your	VOID VOID VOID

The transmission receipt is a confirmation that the prescription was successfully sent to the pharmacy.

#### How to Add an Allergy



- 1. Click the **Compose Rx** tab.
- 2. Click the **+Add** button.

Q, Search Allergies		×
Penicillins	Allergy Search	Common Allergies
Allergy	Criticality	Category
Penicillins Penicillins (Common)	Select Criticality	Drug 🗸
	Reaction	Severity
	Other 🗸	Moderate 🗸
	Reaction: Other	
	Rash	
	Onset Date or Year	
	Onset Date	Onset Year
		6 Save Allergy

- 3. Type in the allergy name and click **Allergy Search**, or click **Common Allergies** to show a list of common allergies.
- 4. Select the Allergy you want to add.
- 5. (Optional) Fill out the Criticality, Category, Reaction, Severity, Reaction, and Onset Date/Year for the allergy.
- 6. Click Save Allergy.

+Add Allergies 🛕				
Allergy	Criticality	Reaction	Severity	
Penicillins		Rash	Moderate	

### **View Surescripts Drug History**

Compose Rx	Med Entry	Supplies	Pt Details	Pt Notes	Problems	Admin	Help
PT. Lila Von	Hoffma	n					Do
DOB: 8/7/1964 Gender	r: Female Height: g History 1	Weight:					He
Request Genetic	c Test						Ph
		ſ	Drug Search	•			
+Add Alle	rgies						

1. From the Compose Rx tab, click **Surescripts Drug History**.

Surescripts Drug History	×
CAUTION: Information may be incorrect or incomplete. Always use clinical judgment.	
By requesting this patient's prescription history, you confirm that you are directly involved in the care of this patient and have received the patient's consent to view information.	s
Rx History Date Range	
6 Months 3	~
	le

- 2. Check the Surescripts Drug History Consent button.
- 3. Select an **Rx History Date Range** to see Drug History.
- 4. Click **Continue** to view the patient's Drug History.
- 5. Review medication history and **Confirm** to add history to the Patients' active medications.

								Health	alth Plan: armacy Test Pharmacy	•
				Active M	edications				5 Confirm Cancel Re	set
Date 🏦	Drug			ti.	Pharmacy	Prescriber		Dx		
3/1/22	atorvast	atin 20 m	g tab	let		T. Palmer			Reconciled Medications	
	30 Tablet,	0 Refilis							Drug	
O Sho	Reporte ow Uniqu	ed Medic e Drugs (	catio Only	ns: Sures	cripts Drug	History (1/23/2	024		atorvastatin 20 mg tablet	
Fill Date	11	Drug	ţ.	Pharmacy	P	rescriber	ţ1	Dx		
	D	rug Histor	y req	uest failed.	Data not availa	ble at this time.				

#### How to Manually Add a Medication

OB: 8/7/1964 Gend	er: Female Height: Weight:		200001		
Surescripts Dru	ug History		Health Pla	an:	
Request Genet	tic Test		Pharmacy	Test Pharmacy	٧
	Outside Prescriber	Outside Prescriber	Or	riginal Date Date	
aspirin		ug Search 👻	☆ Favo	orites 👻 Drug Sets 👻	Compounds -
Search Res	ults				
Search Res	ults				
Search Res	ults cium carb-mag-aluminum	Bayer Plus Extra Strength	Salicylate Analgesics, Buffe	red	
Search Res V ASA-calo show brands	ults cium carb-mag-aluminum	[Bayer Plus Extra Strength]	Salicylate Analgesics, Buffe	red	
Search Res VASA-calo show brands Aspirin	ults Cium carb-mag-aluminum Show brands	[Bayer Plus Extra Strength]	Salicylate Analgesics, Buffer Salicylate Analgesics, Platel	red Het Aggregation Inhibitors - Salicyla	ites
Search Res ASA-calo show brands <u>Aspirin</u>	ults cium carb-mag-aluminum show brands	I [Bayer Plus Extra Strength] Monog	Salicylate Analgesics, Buffe Salicylate Analgesics, Platel raph	red let Aggregation Inhibitors - Salicyla	ites
Search Res ASA-calo show brands <u>Aspirin</u> Unknown.	show brands	I [Bayer Plus Extra Strength] Monog	Salicylate Analgesics, Buffer Salicylate Analgesics, Platel raph	red let Aggregation inhibitors - Salicyla	ites
Search Res ASA-calo show brands Aspirin Unknown. Unknown.	ults clum carb-mag-aluminum show brands appirin 81 mg capsule aspirin 325 mg capsule o	n [Bayer Plus Extra Strength] Monog	Salicylate Analgesics, Buffe Salicylate Analgesics, Platel raph	red let Aggregation inhibitors - Salicyla	ites
Search Res ASA-calo show brands Aspirin Unknown. Unknown. Unknown.	appirin 325 mg tablet orco	I [Bayer Plus Extra Strength] Monog	Salicylate Analgesics, Buffe Salicylate Analgesics, Platel raph	red łet Aggregation Inhibitors - Salicyla	ites

- 1. Click the **Med Entry** tab.
- 2. Type in the name of the desired medication and click **Drug Search**.
- 3. Click the medication dosage and form you want to add.

	Record 5	nding Rx						
	Effective ↑↓ Date	Stop ↑↓ Date	Drug	Sig	Dispense	Refills	Source	îļ
4	1/23/24		aspirin 81 mg capsule			0	T. Palmer	C Edit 🔹

- 4. Select the medications you want to record.
- 5. Click Record.

### **View the Favorites List**

	Drug Search 🔻			1 ☆ Fav	vorites 🔹 Drug Sets 🔹	Compounds 🝷
🖬 Pr	rescribe 3			Favorites List:	Tracy Palmer	~
amo	oxicillin 500 mg capsule				Monograph	
	Take 4 capsules 1 hour before your dental appointment	16 Capsule	Refills: 0			
	2 1 capsule by mouth three times a day	21 Capsule	Refills: 0			
clin	damycin HCI 300 mg capsule	Black Box War	ning		Monograph	
	Take 1 capsule by mouth three times a day	21 Capsule	Refills: 0			
hyd	rocodone 10 mg-acetaminophen 325 mg tablet	Black Box War	ning		Monograph	
	Take 1 tablet by mouth every 4 hours as needed for pain	18 Tablet	Refills: 0			

- 1. While on the **Compose Rx** tab, click the **Favorites** button to show your Favorites list.
- 2. Select the checkbox of the desired medication.
- 3. Click the **Prescribe** button to add the medication as a Pending Rx.

#### How to Update the Favorites List



- 1. Click the **Admin** tab.
- 2. Click **Doctor's Favorites**.

Add New Drug Favorite						
	3 Drug Search •					
Favorites List: Tracy Palmer	<b>~</b>					
Drug	Sig	Diagnosis	Dispense	Refills		
amoxicillin 500 mg capsule [amoxicillin]	Take 4 caps 1 hour prior to dental appointment.		12 Capsule	<b>4</b>	ll dit ▪	
amoxicillin 500 mg capsule [amoxicillin]	Take 1 capsule by mouth three times a day		21 Capsule	0	C dit ▪	
amoxicillin 500 mg capsule [amoxicillin]	Take 4 capsules 1 hour before your dental appointment		16 Capsule	0	lder dit ▼	
Augmentin 500 mg-125 mg tablet [amoxicillin-pot clavulanate]	Take 1 tablet by mouth four times a day		28 Tablet	0	Ce <sup>®</sup> Edit →	
Augmentin 250 mg-62.5 mg/5 mL oral suspension [amoxicillin-pot clavulanate]	Take 5 mL by mouth twice a day Take with food. Cherry Flavor preferred		100 Milliliter	0	C Edit ▼	

- 3. Type in the name of a medication and click **Drug Search** to add a new drug to the **Favorites** list.
- 4. Click the **Edit** button to make changes to any existing **Favorite** medications.

#### How to Run a Prescriber Report

Med Entry	Supplies	Pt Details	Pt Notes	Problems	Admin	Help
Accoun	t Configu	ration		(	1)	
Account/F	Prescriber S	Settings				
Sig Builde	er Configura	ation				
Configure	In-House	Dispensing				
List Mai	ntenance	)				
Location F	Pharmacies	;				
Account H	lealth Plan	s				
Compoun	ds Mainten	ance				
Drug Sets	Maintenar	nce				
Drug and	Allergy Inte	eractions				
Doctor's F	avorites					
Reporti	ng					
Pharmacy	Communi	cations Log				
Prescribe	r Report	2				
Ceriatric I	Drug Lleage	Profile				

- 1. Click on the **Admin** tab.
- 2. Click on **Prescriber Report**.

Med Entry Supplies Pt De	tails Pt Notes Problems Admir	Help		ePA Tasks 🕰	iCoreConnect Admin 👻
PT: Patient Test			Doctor:	Kaitlyn Thompson	*
DOB: 1/16/2000 Gender: Female H Surescripts Drug History Request Genetic Test	eight: Weight:		Midlevel:	Select Midlevel	~
			Health Plan:		
			Pharmacy:		Ψ
Prescriber Report	~				
Prescriber	Tracy Palmer 3	~			
Start Date:*	01/15/2024	(4)	End Date:*	01/29/2024	(5)
				Generate Report	



- 3. Make sure your name is selected.
- 4. Select a Start Date.
- 5. Select an End Date.
- 6. Click Generate Report.

Prescribing Start Date:	g report fo 01/09/202	r doctor Tracy 4 End	Palmer Date: 01/23/	2024					Informa	tion current as of: 1/23/24 6:12 PM
Export t	o Excel	Print	0							
†i Date	User 1	Prescriber	Patient	ti Sch	Drug/SIG	Notes	Location	Route Status	Pharmacy	Therapeutic Category
1/10/24 11:45 AM	Tracy Palmer	Tracy Palmer	Von Hoffman, Lila	0	ibuprofen 800 mg tablet SIG: 1 QID DISP #28 Refills: 0		Demo - iCoreRx	Fax Verified	test Phone: 9492467853	NSAID Analgesics (COX Non- Specific) - Propionic Acid Derivatives
1/10/24 1:12 PM	Tracy Palmer	Tracy Palmer	Von Hoffman, Lila	0	clindamycin HCI 300 mg capsule SIG: 1 TID DISP #21 Refills: 0		Demo - iCoreRx	Fax Verified	test Phone: 9492467853	Lincosamide Antibiotics
1/11/24 10:15 AM	Tracy Palmer	Tracy Palmer	Von Hoffman, Lila	0	ibuprofen 800 mg tablet SIG: 1 QID DISP #28 Refills: 0		Demo - iCoreRx	Fax Verified	test Phone: 9492467853	NSAID Analgesics (COX Non- Specific) - Propionic Acid Derivatives
1/13/24 10:14 AM	Tracy Palmer	Tracy Palmer	Von Hoffman, Lila	0	ibuprofen 800 mg tablet SIG: 1 QID DISP #28 Refills: 0		Demo - iCoreRx	Fax Verified	test Phone: 9492467853	NSAID Analgesics (COX Non- Specific) - Propionic Acid Derivatives
1/15/24 9:54 AM	Tracy Palmer	Tracy Palmer	Von Hoffman, Lila	0	ibuprofen 800 mg tablet SIG: 1 QID DISP #28 Refills: 0		Demo - iCoreRx	Fax Verified	test Phone: 9492467853	NSAID Analgesics (COX Non- Specific) - Propionic Acid Derivatives
1/15/24 10:13 AM	Tracy Palmer	Tracy Palmer	Von Hoffman, Lila	0	clindamycin HCI 300 mg capsule SIG: 1 TID DISP #21 Refills: 0		Demo - iCoreRx	Fax Verified	Test Pharmacy 123 Phone: 3181231234	Lincosamide Antibiotics

7. Click **Export to Excel** to create an Excel spreadsheet of the report, or click **Print** to print the report.

**Additional Help** 

	Schedule	ed Patients		Failover Rx Admin				
Back			E	-PRESCRIBE				
	Compose Rx	Med Entry Supplies F	Pt Details Pt Notes	Problems Admin	Help 1	ePA Task	s 🛕 🛛 Tracy	/ Palmer 👻
I	PT Zachary	Dumas			Doctor:	Tracy Palmer		~
	DOB: 2/2/1992 Gende Surescripts Drug Request Geneti	n: Male Height: Weight: g History c Test			Health Pl	an:		
	Interaction	IS						^
			-	No Interactions Found	-			
1	Drug interactions ar Genomic alerts are Transmit R	ad alerts information provided by provided by ActX.	y First Databank. Last upo	dated 12/15/2022.				
	Date	Drug	Sig			Dispense	Refills	
	8/15/23	amoxicillin 500 mg cap	sule Take 1	capsule by mouth thre	e times a dag	y 21 Capsule	0	Detail

1. Click **Help** to view detailed instructions on a specific step in the prescription process.

	CoreRx	Search Patients				Tracy Palmer 💄 ②HELP
	Scheduled Patients		Failover Rx			Admin
< Back			E-PRESCRIBE			
	Compose Rx Med Entry	V Supplies Pt Details	Pt Notes Problems Admin	Help	ePA Tasks	🏹 Tracy Palmer 🝷
	Surescripts Drug H Request Genetic T Interactions	Microsoft Word - UX2 Defin Interactions Prescribers may suppress interactio	1 / 3   - 100% +   [ TRANSMIT	1 🔊	± ē :	^
	Genomic alerts are pro	Interactions	- No literactions Found -	^		
		and the second	be displayed if there are no interactions indicate	d between the medications to be	prescribed	
	Transmit Rx Date	<ul> <li>No interactions Found with with active medications or</li> </ul>	drugs from Surescripts Drug History (if available)			Refills
	Transmit Rx Date 8/15/23	No interactions round will with active medications or Interactions Type Seventy Drug Maderure Drug Maderure	drugs from Surescripts Drug History (if available) Drugol visuose 2 mjms, oxi mjmp ( opcode acriaminghe 10 mj 201 mj later dacques 2 mj steel ( opcode acriaminghe 10 mj 201 mj later	A Buremany Monograph Monograph		0 Detail

Contact Support at 888-810-7706

Or <u>complete an online support request</u> and a member of our team will get back to you.