

APPENDIX 4

PART TWO



Enter user name and password

User Name:

Password:

Location:

California Medical Facility Pharmacy
California State Prison - Sacramento
Folsom State Prison Pharmacy
Mule Creek State Prison

Select the correct store from
the drop down.

CDCR Employee Refill (Folsom State Prison Pharmacy)

Inmate ID#

D12345

Enter in the Inmate number

Prescription Number

116006308

Enter in the prescription number

Two digit pharmacy # and 7 digit prescription number

Submit

Click Submit

Prescription has been accepted for refill.

A message will appear here with the status of the prescription.

The system will let you know if the prescription number is Incorrect, if it is refill to soon and if the Prescription is expired, ETC.

CDCR Employee Refill (Folsom State Prison Pharmacy)

Inmate ID#

Prescription Number

**Once information is correctly entered in
And submitted. Click to confirm refill or
Cancel to stop refill.**

Refill prescription for Patient: Test TEST Drug

Confirm

Cancel

Repeat process or to change Patients enter a new Inmate number.



Refills MAR Medication Reconciliation

MAR Type:

- Complete MAR
- Complete MAR
- Supplemental MAR (Today)
- Supplemental MAR (Yesterday)
- Complete MAR by CDCR#

Unit 1

Submit

1%

Sign

MAR you would like to request from

pull all information for the current mon

R (Today)- will pull all new prescriptions

R- (Yesterday)- will pull all new prescrip

CDCR #-will pull all information for a sp

UP ALL INFORMATION AND... FOR ALL NEW PRESCRIPTIONS

WHAT IS YOUR MAR TYPE?

UNIT

DATE

YOUR MAR TYPE

YOUR MAR TYPE



Refills MAR Medication Reconciliation

MAR Type: Complete MAR

Unit 1

Unit 1
Unit 2
Unit 3
Unit 4
Unit 5
Farm F
Farm M
Insulin
Narcotic

Submit

Click to select a unit

or Narcotic it will pull back only information
described or are currently on this type of medication

complete MAR by CDCR # you will have

Click Submit



MAR Type: Complete MAR by CDCR#

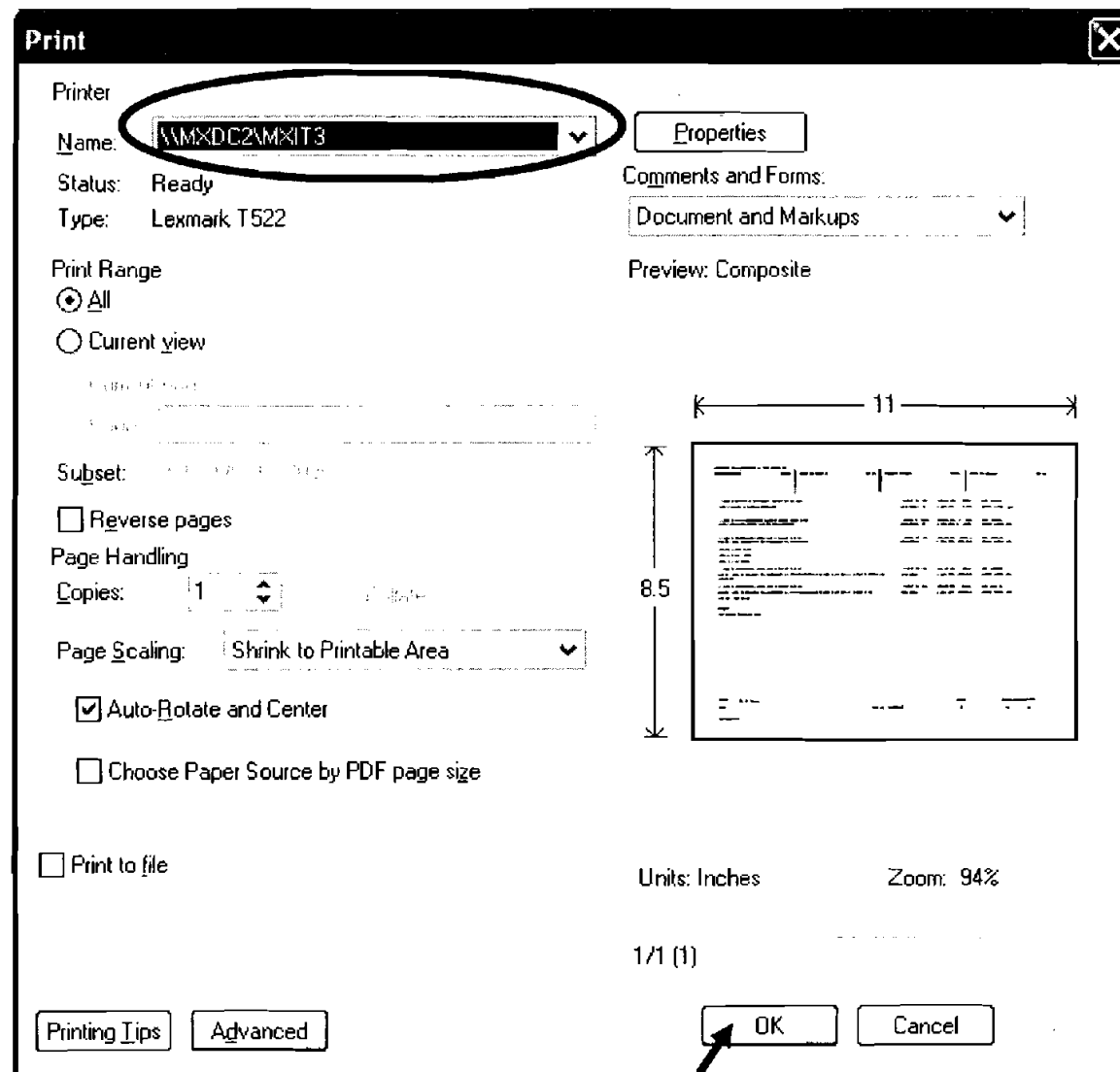
D12345

When the MAR is finished running Click on the printer to print.

MEDICATION ADMINISTRATION RECORD

NAME OF RN/MTA	INITIAL	NAME OF RN/MTA	INITIAL	NAME OF RN/MTA	INITIAL	NAME OF RN/MTA	INITIAL
*** KOP *** ASPIRIN 81 MG TABLET EC (00163-1061-05) TAKE 1 TABLET BY MOUTH EVERY DAY *** KOP *** ERYTHROMYCIN 2% SOLUTION (00160-0215-00) APPLY TO AFFECTED AREA TWICE DAILY (PAROLE) *** KOP *** PREDNISONE 5 MG TABLET (00064-0724-25) DAY 3: 4 TABS IN AM AND 1 TAB IN PM DAY 3: 4 TABS IN AM DAY 10: 3 TABS IN AM DAY 11: 2 TABS IN AM DAY 12: 1 TAB IN AM *** KOP *** PREDNISONE 5 MG TABLET (00064-0724-25) DAY 3: 4 TABS IN AM AND 1 TAB IN PM DAY 3: 4 TABS IN AM DAY 10: 3 TABS IN AM DAY 11: 2 TABS IN AM DAY 12: 1 TAB IN AM *** KOP *** PREDNISONE 5 MG TABLET (00064-0724-25) DAY 3: 4 TABS IN AM AND 1 TAB IN PM DAY 3: 4 TABS IN AM DAY 10: 3 TABS IN AM DAY 11: 2 TABS IN AM DAY 12: 1 TAB IN AM							
				Fill Date: 7/6/2007 Days Supply: 30		Orig Fill Date: 7/6/2007 Expire Date: 11/16/2007	
						Rx#: 00083008-1 Doctor: Dumery Test	
				Fill Date: 6/11/2007 Days Supply: 30		Orig Fill Date: 6/11/2007 Expire Date: 7/11/2007	
						Rx#: 00083008-1 Doctor: Doctor Test	
				Fill Date: ON FILE Days Supply: 1		Orig Fill Date: ON FILE Expire Date: 12/23/2007	
						Rx#: 00083008-0 Doctor: Doctor Test	
				Fill Date: ON FILE Days Supply: 1		Orig Fill Date: 7/6/2007 Expire Date: 12/23/2007	
						Rx#: 00083008-0 Doctor: Doctor Test	
				Fill Date: 7/6/2007 Days Supply: 1		Orig Fill Date: 7/6/2007 Expire Date: 12/23/2007	
						Rx#: 0008310-1 Doctor: Doctor Test	

Make sure that you have the correct printer selected



Click OK



Medication Reconciliation

 Refills MAR Medication Reconciliation

CDCR#:

 Short Form

○ Full Form

Submit

You to view medication orders on a

this will show you only active orders on
rs that are expired will not show up)

Will show every order that is on the patient's required orders.



Enter in the CDCR #

CDCR#: d12345

Refills
 MAR
 Medication Reconciliation

☒ Short Form☐ Full Form

Submit

Click Submit

Select Short or Full Form

MEDICATION RECONCILIATION (07/06/2006 TO 07/06/2007)

Facility: CALIFORNIA STATE PRISON - SACRAMENTO

Page 1 of 2

Patient: (DOB): TEST TEST

CDCR# d12345 Unit: 3

☐ REFILLS	FNN	☐ KOP	☐ STOP	ESTRADIOL 2 MG TABLET (00555086704) SIG: TAKE 1 TABLET BY MOUTH EVERY DAY WHILE ON PAROLE OR OUT TO LUNCH OR GONE FISHING	PENDING	3/10/2007	2	12-6000012	DOCTOR TEST (AB12345)	30	30	
☐ REFILLS	FNN	☐ KOP	☐ STOP	ERY-TAB 500 MG TABLET EC (00074632113) SIG: TAKE 1 TABLET BY MOUTH TWICE A DAY PAROLE	PENDING	7/11/2007	0	12-6000009	DOCTOR TEST (AB12345)	60	30	
☐ REFILLS	FNN	☐ KOP	☐ STOP	ERYTHROMYCIN 2% GEL (00168021660) SIG: APPLY TO AFFECTED AREA TWICE DAILY	PENDING	7/11/2007	0	12-6000010	DOCTOR TEST (AB12345)	60	30	
☐ REFILLS	FNN	☐ KOP	☐ STOP	NORVASC 10 MG TABLET (00069154041) SIG: TAKE 1 TABLET BY MOUTH EVERY DAY		6/7/2007	7/7/2007	0	12-6000006	DOCTOR TEST (AB12345)	30	30

Total: TEST TEST

Pks
4

Facility: FOLSOM STATE PRISON PHARMACY

Patient: (DOB): TEST TEST



Refills MAR Medication Reconciliation

CDCR#: 012345

Short Form

Full Form

Submit



TO: TEST TEST

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Facility: FOLSOM STATE PRISON PHARMACY

Patient ID: TEST TEST

CDCR: 012345 UNIT: 3

		Drug Name (NDC)	Last Dispensed	Expiration Date	Refills Left	Rx #	Doctor Name (DEA #)	Qty	Days
☐ REFILL	☐ KOP	☐ STOP	PREDNISONE 5 MG TABLET (00054872425)	ON FILE	2/23/2027	1	11-6006306 DOCTOR TEST (AB12345)		
			SIG: DAY 8: 4 TABS IN AM AND 1 TAB IN PM DAY 9: 4 TABS IN AM DAY 10: 3 TABS IN AM DAY 11: 2 TABS IN AM DAY 12: 1 TAB IN AM						
☐ REFILL	☐ KOP	☐ STOP	PREDNISONE 5 MG TABLET (00054872425)	ON FILE	2/23/2027	1	11-6006306 DOCTOR TEST (AB12345)		
			SIG: DAY 8: 4 TABS IN AM AND 1 TAB IN PM DAY 9: 4 TABS IN AM DAY 10: 3 TABS IN AM DAY 11: 2 TABS IN AM DAY 12: 1 TAB IN AM						
☐ REFILL	☐ KOP	☐ STOP	ASPIRIN 81 MG TABLET EC (00182821789)	PENDING	1/16/2027	5	11-6005609 DUMMY TEST (020911)	30	30
			SIG: TAKE 1 TABLET BY MOUTH EVERY DAY						
☐ REFILL	☐ KOP	☐ STOP	PREDNISONE 5 MG TABLET (00054872425)	D/A 7/6/2007	2/23/2027	0	11-6006310 DOCTOR TEST (AB12345)		
			SIG: DAY 8: 4 TABS IN AM AND 1 TAB IN PM DAY 9: 4 TABS IN AM DAY 10: 3 TABS IN AM DAY 11: 2 TABS IN AM DAY 12: 1 TAB IN AM						
☐ REFILL	☐ KOP	☐ STOP	ERYTHROMYCIN 2% SOLUTION (00168021560)	6/11/2007	7/11/2027	0	11-6003686 DOCTOR TEST (AB12345)	60	30
			SIG: APPLY TO AFFECTED AREA TWICE DAILY (PAROLE)						

ONLY CHANGE OR PROCESS CHECKED PRESCRIPTIONS

NEW PRESCRIPTION

Information you will see on the Medication Reconciliation report

Drug Name, Sig, Last dispense date, expiration date, refills left. Rx number, Doctor name, Quantity dispensed and day supply.

Pending- the pharmacy has received the order, but it has not left the pharmacy.

D/A 00/00/00- discontinued order or the order is expired and the date it d/c or expired

On file- there has never been any dispenses on this prescription number

00/00/00- last dispense date

OCTOBER 30, 2007

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To print medication reconciliation report click on the printer make sure the correct printer is selected

1 2 75.7% Sign

MEDICATION RECONCILIATION (07/06/2006 TO 07/06/2007)

Facility: CALIFORNIA STATE PRISON - SACRAMENTO
 Patient: DOB: TEST TEST
 CDOC: 012345 UNIP: 3

Drug Name (NDC)	Last Dispensed	Expiration Date	Refills Left	Refill	Doctor Name (CDA #)	Qty	Dose
☐ REFILL ☐ KOP ☐ STOP LISINAPRIL 10 MG TABLET (30143126701) SIG: TAKE 1 TABLET BY MOUTH EVERY DAY	CN FILE	7/1/2007	1	12-6000005	DOCTOR TEST (AB12345)	30	30
☐ REFILL ☐ KOP ☐ STOP EXTRADOL 2 MG TABLET (00555088784) SIG: TAKE 1 TABLET BY MOUTH EVERY DAY WHILE ON PAROLE OR OUT TO LUNCH OR GONE FISHING	PENDING	8/1/2007	2	12-6000012	DOCTOR TEST (AB12345)	30	30
☐ REFILL ☐ KOP ☐ STOP ERYTAB 500 MG TABLET EC (00074652113) SIG: TAKE 1 TABLET BY MOUTH TWICE A DAY PAROLE	PENDING	7/1/2007	0	12-6000009	DOCTOR TEST (AB12345)	30	30
☐ REFILL ☐ KOP ☐ STOP ERYTHROMYCIN 2% GEL (00165021660) SIG: APPLY TO AFFECTED AREA TWICE DAILY	PENDING	7/1/2007	0	12-6000010	DOCTOR TEST (AB12345)	30	30
☐ REFILL ☐ KOP ☐ STOP NORVASC 10 MG TABLET (00069154041) SIG: TAKE 1 TABLET BY MOUTH EVERY DAY	6/7/2007	7/1/2007	0	12-6000006	DOCTOR TEST (AB12345)	30	30

TOTAL TEST TEST

Discussions not available on <https://maxsource.maxor.com/>

Done Internet

Print

Name: 00000000-13 Properties

Status: Ready Comments and Forms

Type: Laseal 7522 Document and Mailups

Print Range: Preview: Complete

☐ All

☐ Current view

☐ Current page

☐ Pages 1-2

Subject: All pages in range

☐ Reverse pages

Page Handling:

Copies: 1

Page Scaling: Shrink to Printable Area

☒ Auto Rotate and Center

☐ Choose Paper Source by PDF page size

☐ Print to file Units: Inches Zoom: 94%

1/2 (1)

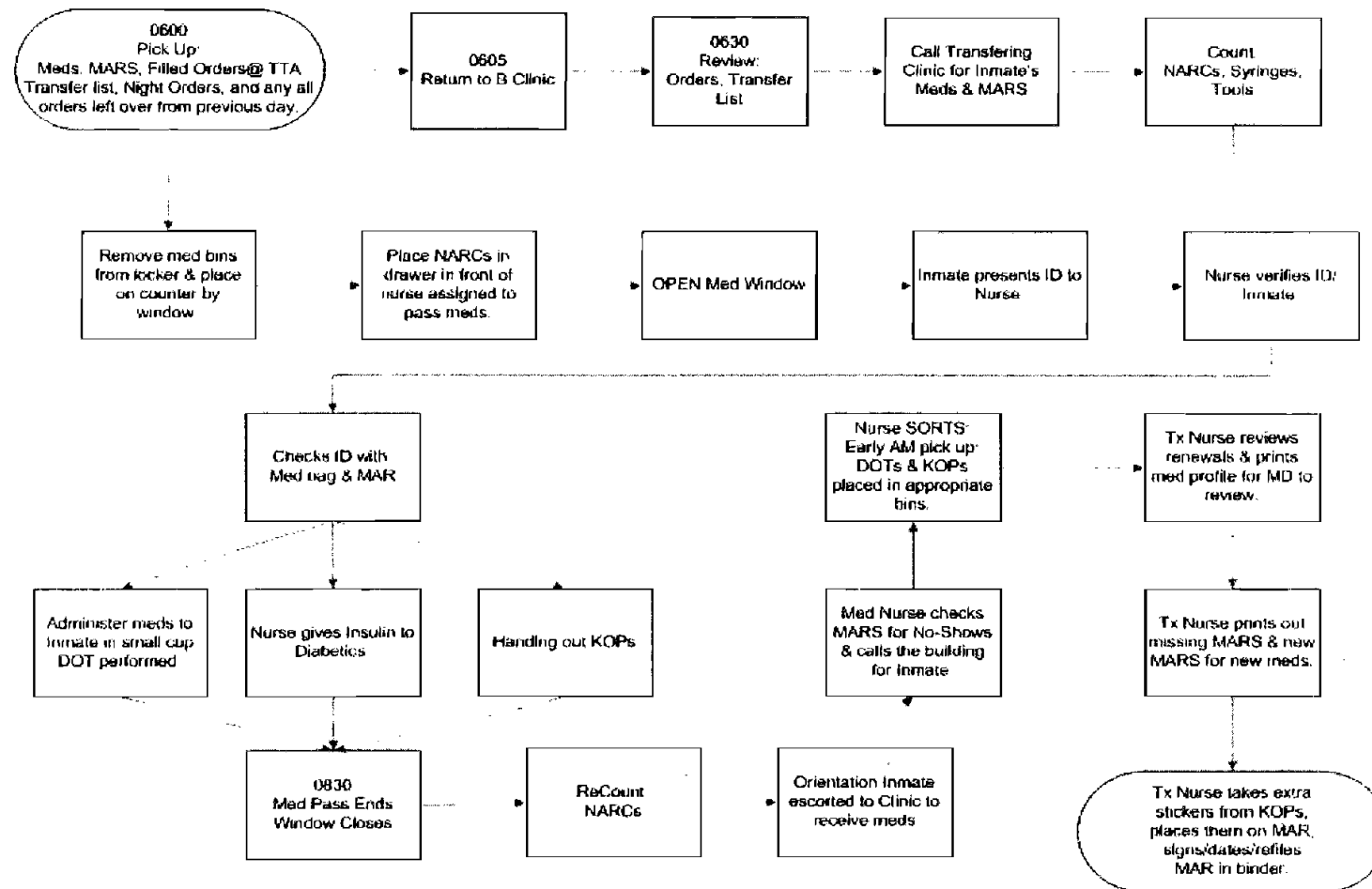
Print Log Advanced OK Cancel

Click OK

Nursing Workflow Processes with Guardian Touch Points

Nursing Workflow Processes

AM MEDICATION PASS – B FACILITY



Guardian Pharmacy System

Guardian Pharmacy System

Also Known As

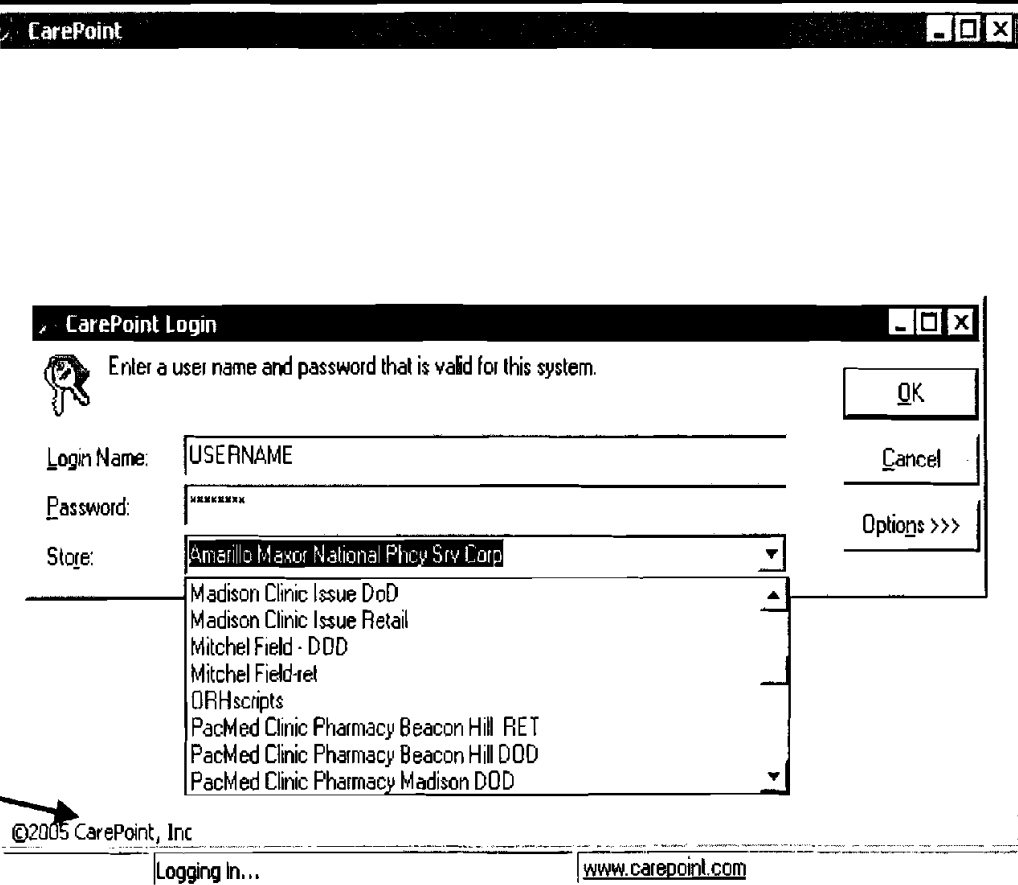
CarePoint



Guardian Login Screens

- Login Name, Password, and Store:

Select
your Store
from the
drop down
menu



The screenshot shows a Windows-style window titled "CarePoint Login". Inside the window, there is a message: "Enter a user name and password that is valid for this system." Below this message are three input fields: "Login Name:" with the text "USERNAME", "Password:" with masked characters "*****", and "Store:" with a dropdown menu. The dropdown menu is open, showing a list of store names: "Amarillo Maxor National Phcy Srv Corp", "Madison Clinic Issue DoD", "Madison Clinic Issue Retail", "Mitchel Field - DOD", "Mitchel Field-ret", "ORHscripts", "PacMed Clinic Pharmacy Beacon Hill RET", "PacMed Clinic Pharmacy Beacon Hill DOD", and "PacMed Clinic Pharmacy Madison DOD". To the right of the input fields are three buttons: "OK", "Cancel", and "Options >>>". At the bottom of the window, there is a status bar with the text "©2005 CarePoint, Inc", "Logging In...", and "www.carepoint.com".

CarePoint Login

Enter a user name and password that is valid for this system.

Login Name: USERNAME

Password: *****

Store: Amarillo Maxor National Phcy Srv Corp

Madison Clinic Issue DoD

Madison Clinic Issue Retail

Mitchel Field - DOD

Mitchel Field-ret

ORHscripts

PacMed Clinic Pharmacy Beacon Hill RET

PacMed Clinic Pharmacy Beacon Hill DOD

PacMed Clinic Pharmacy Madison DOD

OK

Cancel

Options >>>

©2005 CarePoint, Inc

Logging In...

www.carepoint.com

Guardian Login Screens

- Printer(s) Setup:

Be sure to select the correct tray for each function

Check this box

Label Printer: Default (label tray)

Mongraph Printer: Default

Report Printer: Default

Rx File Copy Printer: Default (label tray)

Refill Authorization Printer: Default (paper tray)

☐ Print Third Party Reject Report

Reject Report Printer: Default (paper tray)

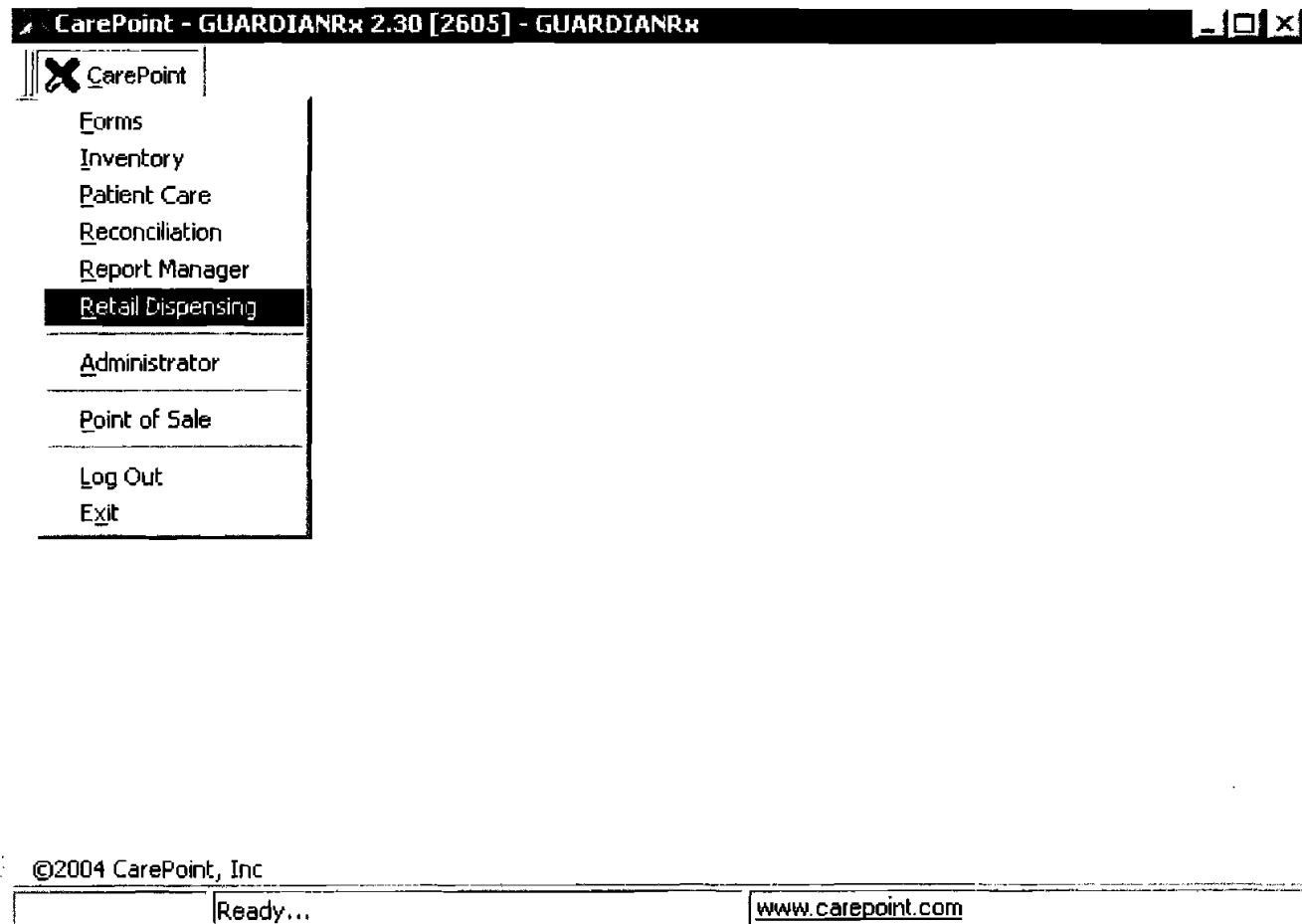
©2004 CarePoint, Inc.

Configuring Printers...

www.carepoint.com

Guardian Login Screens

- Select “Retail Dispensing”:



Searching Patients in Guardian

You can search on either the Patient's name or the Medical Record Number and then press Tab

Note that we previously selected 'Retail Dispensing' and it is highlighted here in the navigation menu

URHscripts-Dispensing

File Edit DUR View Tools Help Options

CarePoint Save [Icons]

Patient Care

- Summary
- Biographical
- Clinical
- Documentation
- Monitoring
- CarePlan Manager
- Forms
- Dispensing
- Dispensing
- Prescribers
- Products
- Patients
- Sig Codes
- Claims Hold Queue

Inventory

- Items/Vendors
- Purchase Orders
- Receipts
- Adjustments
- X.12

Accounts Receivable

- Activity
- Account Admin
- System Admin

Prescription Info

Prescription # NEWRX

Patient: [Field]

Date Written: 12/27/2006 [Calendar Icon] ☐ Short Term Rx

Product Written: [Field]

DAW? [Field]

Prescriber: [Field]

Indication: [Field]

Qty Written # [Field] Starter Dose Qty# [Field]

Units/Dose # [Field] Dose Frequency: [Field]

Sig. [Field]

Directions: [Field]

Refills # 0 Rx Exp: [Field] [Calendar Icon]

Rx Media: Prescription [Dropdown]

Authorized by: [Field]

Comments: [Field]

- Fax

Date 12/27/2006

Rx # [Field]

Refills: 0

Substitution Permitted

[Image]

☐ Auto Refill Hold until: [Field] [Calendar Icon]

☐ Flag as Treatment

☐ Print Rx File Copy

History Dispensing Save Cancel

Searching Patients in Guardian

By clicking on
"Patient"

This will allow
you to search
by address
and/or patient
birthday

Search by
chart ID
+123456

mxrx2 - Remote Desktop

File Edit DUR View Tools Help Options

CarePoint Save

Patient Care

- (+) Summary
- (+) Biographical
- (+) Clinical
- (+) Documentation
- (+) Monitoring
- CarePlan Manager
- (+) Forms
- (+) Dispensing
 - Dispensing
 - Prescribers
 - Products
 - Patients
 - Sig Codes
 - Claims Hold Queue
- (+) Inventory
 - (+) Items/Vendors
 - Purchase Orders
 - Receipts
 - Adjustments
 - X.12
- (+) Accounts Receivable
 - Activity
 - Account Admin
 - System Admin

Prescription Info

Prescription #

Patient: [Field] - Fax [Field]

Date Written: 12/26 Amarillo Maxor National Phcy Srv Corp - Find Patient

Product Written: [Field]

DAW? [Field] General Advanced

Prescriber: [Field] Full Name... [Field] Sounds Like [Field]

Address... [Field]

Qty Written # [Field]

Units/Dose # [Field]

Sig: [Field]

Phone: [Field]

SSN: [Field]

DL State: [Field]

DL Number: [Field]

Birth Date: [Field] 12/26

Chart Id: [Field]

Directions: [Field]

Refills # [Field]

Authorized by: [Field]

Comments: [Field]

Searching Patients in Guardian

- Verify Patient Identity, Address, Date of Birth

Beware of patients with similar or the same name.
ALWAYS
Verify.

Denver Health Central Fill Pharmacy - Find Patient

File Edit Help

General | Advanced |

Full Name... TEST ☐ Sounds Like

Address...

Phone:

SSN:

DL State:

DL Number:

Birth Date:

Chart Id:

Find Now

New Search

Select

Add New...

Name	Address	Phone	Age/Marital Status/Gender	DOB
TEST, PATIENT I.	1100 FEDERAL BLVD, DENVER, CO 80204		105 yr old Unknown	1/1/1901
TEST, PATIENT JAIL			3 yr old Male	2/3/2003
TEST, PHARMACY	1234, DENVER, CO 80204		53 yr old Female	1/6/1953
TEST, PIDX	UNKNOWN, ARVADA, CO 80004		41 yr old Male	10/4/1965
TEST, PUBLIC HEA2	321321, DENVER, CO 80021		56 yr old Female	10/10/1950
TEST, SARA	321321, DENVER, CO 80021		36 yr old Female	10/10/1970

Updating Patient Information

- Press '**Ctrl**' to access the Keyboard Navigation Control

Keyboard Navigation Control		
<u>D</u> ispense <u>H</u> istory	<u>P</u> atient <u>P</u> rofile	<u>P</u> artial <u>P</u> rice <u>Q</u> uote
<u>Q</u> uick <u>A</u> dd Patient	<u>I</u> nsurance	<u>P</u> rice <u>Q</u> uote
<u>Q</u> uick <u>E</u> dit Patient	<u>P</u> rint <u>D</u> rug <u>M</u> onograph	<u>A</u> cti <u>v</u> ate <u>P</u> roduct
<u>D</u> rug <u>P</u> rescribed	<u>S</u> ig <u>C</u> odes	<u>P</u> roduct <u>R</u> eference
<u>P</u> rescriber	<u>T</u> ransfer <u>R</u> x	<u>R</u> x <u>W</u> orkflow <u>Q</u> ueue
<u>P</u> roduct <u>D</u> ispensed	<u>P</u> rint <u>R</u> efill <u>A</u> uth	<u>S</u> how <u>Q</u> ueue
<u>R</u> enew <u>R</u> x	<u>E</u> dit <u>O</u> riginal <u>D</u> ate	
Cancel		

- Each option has a keyboard shortcut letter underlined (e.g. '**Ctrl**' + **Q** will take you to Quick Edit Patient) or you can just select it with your mouse

Updating Patient Information

- Press 'Ctrl' + Q to edit the Quick Add Patient tab

Note the different Information Tabs in which you can edit/add patient information

After changes are made to the patient data, be sure to click 'Save and Close'

Quick Add Patient

File Edit Help

Save and New Save and Close

Denver Health Central Fill Pharmacy - Quick Add Patient

Quick Add Patient Allergies Insurance Conditions Employers Facilities Messages Disclosures HIPAA Patient Programs

Full Name... TEST, PHARMACY

Household

Type

Address: 1234 DENVER, CO 80204

Home

Phone: Home

Registration Date

Date of Birth: 1/6/1953 53 yr

Death

SSN

Driver License #

State

Chart ID: 2649521

Responsible

Patient Options Fill Options

Safety Caps: Yes No

Generic: Yes No

Bad Check: Yes No

Gender: Female

Primary Language: <Not Specified>

Primary MD

Compliance Letter: <Not Specified>

Comments: Added by HL7 Import

Patient Status: Active

Email

Updating Patient Information

- Updating/Adding Allergies ('Ctrl' + Q)

Click the 'Allergies' Tab

Allergy Profiles will be listed here

Delete.... deletes an existing allergy profile

Open... opens an existing allergy profile for editing

New... creates a new allergy profile

Name	Severity	Symptom Name
NO KNOWN ALLERGIES	<Not Specified>	OTHER SYMP

Updating Patient Information

Click New... to add an Allergy.

This box will appear for you to type in the Allergy and then press Enter.

This box will then appear to validate the exact Allergy specifications. Double click the one that matches.

After changes are made to the Allergy data, be sure to click 'Save and Close'

53 yr old Female
DOB: 11/14/1953

Denver Health Central Fill Pharmacy - Allergy - [New]

File Edit Help

Quick Add Patient

File Edit Help

Save and New Save and Close

Save and New

Allergy: AMOXICILLIN

Severity: Intolerance

Onset Date: 12

Details>>

Quick Add Denver Health Central Fill Pharmacy - Find Allergy

Name: AMOXICILLIN

MDC:

Find Now

New Search

Select

Class

Ingredient

Product

Type	Name
Ingredient	AMOXICILLIN
Ingredient	AMOXICILLIN SODIUM
Ingredient	AMOXICILLIN TRIHYDRATE
Product	AMOXICILLIN 125 MG TAB CHEW
Product	AMOXICILLIN 125 MG/5 ML SUSP
Product	AMOXICILLIN 125/5 ML SUSP
Product	AMOXICILLIN 125MG TAB CHEW
Product	AMOXICILLIN 125MG/5ML SUSP
Product	AMOXICILLIN 200 MG TAB CHEW
Product	AMOXICILLIN 200 MG/5 ML SUSP

New... Open... Delete

12/7/2006 2:19 PM

Updating Patient Information

- Press 'Ctrl' + Q & select the Insurance tab

Note the different Information Tabs in which you can edit/add patient information

Insurance Profiles will be listed here

Delete.... deletes an existing insurance profile

Open... opens an existing insurance profile for editing

New... creates a new insurance profile

Name	Cardholder Name	Plan Name	Start Date	End Date
SELF-PAY ALL.	TEST, PHARMACY			

October 30, 2007

Updating Patient Information

Click New... to add an Insurance.

This box will appear for you to type in the Insurance Co and then press Enter.

Quick Add Patient

File Edit Help

Save and New Save and Close

Denver Health Central Fill Pharmacy - Quick Add Patient

Quick Add Patient Allergies Insurance Conditions Employers Facilities Messages Disclosures HIPAA Patient Programs

Denver Health Central Fill Pharmacy - Insurance - [New]

File Edit Help

Save and New Save and Close

Insurer: **Status:** ☐ Inactive

Coverage: Secondary ☐ Hold Billing ☐ Indemnity

Cardholder: TEST, PHARMACY **Relationship:** Self/Cardholder

Plan Name: **Eligibility:** Not Specified

Policy No: **Group No:** NOT SPECIFIED

Cardholder Id: **Person No:** **Home Plan:**

Coverage Start: **Coverage End:**

Max. Benefits: \$0.00 **Deductible:** \$0.00

Signature on File: Signature not on File

Verified Date: **Verified By User:** **Verify**

Comments:

Updating Patient Information

This box will appear to validate the exact Insurance Company. Double click the one that matches.

If the company is not present, call the Help Desk. **Never** select Add New...

After changes are made to the Insurance data, be sure to click 'Save and Close'

Denver Health Central Fill Pharmacy - Insurance - [New]

File Edit Help

Save and New Save and Close

Insurer: MCARE Status: ☐ Inactive

Coverage: Denver Health Central Fill Pharmacy - Find Organization

File Edit Help

General

Name: MCARE

Address:

Phone:

Contact:

Find Now

New Search

Select

Add New...

Name	Contact	Clinic #	Fed
MCare-AARP Medicare Rx			
MCare-AdvantRx			
MCare-AnthemDualEligSafetyNe			
MCare-BlueMedicareRx			
MCare-CCareRx			
MCARE-COUPON			
MCare-DH Choice			
MCare-DH ChoiceSecondary			
MCare-Humana			

Verified C

Comments:

New... Open... Delete

12/7/2006 2:21 PM

Updating Patient Information

- KOP or NONKOP

Denver Health Central Fill Pharmacy - Insurance - SELF-PAY ALL.

File Edit Help

Save and New Save and Close

Insurer: SELF-PAY ALL. Status: ☐ Inactive 3rd Party Plan
Coverage: Primary ☐ Hold Billing ☐ Indemnity

Cardholder: TEST, PHARMACY Relationship: <Not Specified>
Plan Name: Eligibility: Not Specified
Policy No: Group No: NOT SPECIFIED

Cardholder Id: Person No: Home Plan:

Coverage Start: Coverage End:
Max. Benefits: \$0.00 Deductible: \$0.00
Signature on File: Signature not on File

Verified Date: Verified By User: Verify

Comments:

OCTOBER 30, 2006

2/7/2006 2:23 PM

Updating Patient Information

Here is where you would update the patient's preferences for safety caps on their prescriptions

You can record their gender here

You can add comments to their profile in this box
"patient wants pink estradiol pills only"

mrx2 - Remote Desktop

Prescription Info

Quick Add Patient

Amarillo Maxor National Phcy Srv Corp - Quick Add Patient

Quick Add Patient | Allergies | Insurance | Conditions | Employers | Facilities | Messages | Disclosures | HIPAA | Patient Programs | Patient Representatives

Full Name: Surgical, Lisa

Household: []

Address: 1321 Road, Amarillo, TX 79945

Phone: Home (806) 324-5419

Registration Date: 11/25

Date of Birth: 7/25/1925, 81 yr

SSN: 68754

Driver License #: []

Chart ID: Office mail

Responsible: MYERS, KATHY

Self Admin: ☐ Yes ☒ No

Genetic: ☐ Yes ☒ No

Gender: Female

Primary Language: English

Primary M.D.: []

Compliance Letter: []

Patient Status: Active

Comments: PATIENT WANTS THE PINK ESTRADIOL PILLS ONLY

12/26/2006 8:16 AM

Updating Patient Information

- Press 'Ctrl' + Q & select the Conditions tab

Note the different Information Tabs in which you can edit/add patient information

Health Conditions will be listed here

Delte.... deletes an existing conditions profile

Open... opens an existing conditions profile for editing

New... creates a new health condition

Quick Add Patient

File Edit Help

Save and New Save and Close

Denver Health Central Fill Pharmacy - Quick Add Patient

Quick Add Patient Allergies Insurance Conditions Employers Facilities Messages Disclosures HIPAA Patient Programs

Date Name ICD9 Res Date

Denver Health Central Fill Pharmacy - Condition - [New]

File Edit Help

Save and New Save and Close

Condition: Onset Date: [12/7/2006]

Caring MD: Status: Unresolved

Primary Dx ☐

Comments:

New... Open... Delete

12/7/2006 2:27 PM

Updating Patient Information

Click New... to add a Condition.

This box will appear for you to type in the Condition and then press Enter.

Quick Add Patient

File Edit Help

Save and New Save and Close

Denver Health Central Fill Pharmacy - Quick Add Patient

Quick Add Patient Allergies Insurance Conditions Employers Facilities Messages Disclosures HIPAA Patient Programs

Date Name ICD9 Res Date

Denver Health Central Fill Pharmacy - Condition - [New]

File Edit Help

Save and New Save and Close

Condition: Onset Date: 11/19/06

Caring MD: Status: Unresolved

Primary Dx ☐

Comments:

New... Open... Delete

12/17/2006 2:27 PM

Updating Patient Information

This box will appear to validate the exact Health Condition. Double click the one that matches.

After changes are made to the Conditions data, be sure to click 'Save and Close'

Denver Health Central Fill Pharmacy - Condition - [New]

File Edit Help

Save and New Save and Close

Condition: NARC Onset Date: 12/7/2006 Status: Unresolved

Caring MD: Primary Dx: Comr

Denver Health Central Fill Pharmacy - Find Condition

File Edit Help

General

Name: NARC ICD9:

Find Now New Search Select Add New...

Name	ICD9	Acute/Chronic or Both	User Added
Narcoanalysis	94	Acute	
Narcoanalysis	94.2	Acute	
Narcoanalysis	94.21	Acute	
Narcoanalysis	94.25	Acute	
Narcoanalysis	94.29	Acute	
Narcolepsy Syndrome	347	Chronic	
Narcolepsy Syndrome	347.0	Chronic	
Narcolepsy Syndrome	347.00	Chronic	
Narcolepsy Syndrome	347.01	Chronic	
Narcolepsy Syndrome	347.1	Chronic	

New... Open... Delete

12/7/2006 2:28 PM

October 10, 2007

Reviewing Patient Information

- Ctrl + A to access Patient Profile

Dispensing
Information

Double click
the medication
to see the various
dispenses

Double click
the column
heading to sort by
date

Refills can be
processed here by
highlighting the
Num. and clicking
Dispense

Denver Health Central Fill Pharmacy - Patient Profile

File Tools File Copy Options Help

Dispense Renew Deactivate Void

TEST, PHARMACY 53 yr old Female Ins: SELF-PAY ALL. Acct #: 96855
 NO KNOWN ALLERGIES DOB: 1/6/1953 Bal: \$
 Chart: 2649521

Patient: PHARMACY TEST Drug Name Like:

Selection: 1 Deactivate Order: Status, Date, Rx Number

Num.	Store	Rx #	Lst Disp Prod	Qty Lst Disp	Lst Disp Date	Refills Left	Status	Date Written	Prescriber
1	01	6204513	ACETAMINOPHEN 500 MG TABLET	120	12/7/2006	0	Active	12/7/2006	DAVID GINOSAR
2	01	6204522	*FUROSEMIDE 80MG TABLET	120	12/7/2006	0	Active	12/7/2006	DAVID GINOSAR
3	01	6204504	*IBUPROFEN 600 MG TABLET	90	12/7/2006	0	Active	12/7/2006	DAVID GINOSAR
4	01	2012422	HYDROMORPHONE 2 MG TABLET	30	12/7/2006	0	Active	12/7/2006	DAVID GINOSAR
5	01	2012413	MORPHINE SULF 30 MG TAB SA	30	12/7/2006	0	Active	12/7/2006	DAVID GINOSAR
6	01	6204495	ZYPREXA 20 MG TABLET	30	12/6/2006	0	Active	12/6/2006	DAVID GINOSAR
7	01	2012404	OXYCODONE W/APAP 5/325 TAB	180	12/6/2006	0	Active	12/6/2006	DAVID GINOSAR
8	07	6009235	FUROSEMIDE 20 MG TABLET	60	9/11/2006	6	Inactive	9/11/2006	DAVID GINOSAR
9	07	6009234	FUROSEMIDE 20 MG TABLET	60	9/11/2006	1	Inactive	9/11/2006	DAVID GINOSAR

Dispensing

Enter the information in order and press Tab to proceed to the next field highlighted in red.

AmxRX2 - Remote Desktop

Amarillo Maxor National Phcy Srv Corp- Dispensing

File Edit DUR View Tools Help Options

X CarePoint Save [Icons]

TEST, 37011 Phone# 922-4539
56 yr old Male
DOB: 1/1/1950
Ins: hcf a test
Group: 33213516546
1321654654

Patient Care
☒ Summary
☒ Biographical
☒ Clinical
☒ Documentation
☒ Monitoring
☒ CarePlan Manager
☒ Forms
Dispensing
☒ Dispensing
☒ Prescribers
☒ Products
☒ Patients
☒ Sig Codes
☒ Claims Hold Queue
Inventory
☒ Items/Vendors
☒ Purchase Orders
☒ Receipts
☒ Adjustments
☒ X.12
Accounts Receivable
☒ Activity
☒ Account Admin
☒ System Admin

Prescription Info
Prescription # NEWRX
Patient: 37011 TEST
Date Written: 12/27/2006 [12] ☐ Short Term Rx
Product Written: RANITIDINE 150 MG CAPSULE
DAW? N
Prescriber: MD DOC TEST, MD
Indication: NOT SPECIFIED
Qty Written # 60 **Starter Dose Qty#** [12]
Units/Dose # 1 **Dose Frequency:** 2
Sig: ud
Directions: As directed
Refills # 6 **Rx Exp:** 12/27/2007 [12]
Rx Media: Prescription
Authorized by:
Comments:

DOC TEST, MD
123, SEATTLE, WA 00000
- Fax
37011 TEST Date 12/27/2006
NEED, AMARILLO, TX 79101
Rx **RANITIDINE 150 MG CAPSULE**
60
Sig: UD
Refills: 6 **DOC TEST, MD**
Substitution Permitted

☐ Flag as Treatment
☐ Print Rx File Copy

History **Dispense...** Save Cancel

Dispensing

“Product Written” will pop up this box for you to select the appropriate medication

Denver Health Central Fill Pharmacy - Dispensing

File Edit DUR View Tools Help Options

CarePoint Save [Icons]

TEST, PHARMACY 53 yr old Female Inst: S
NO KNOWN ALLERGIES DOB: 1/6/1953 Chart: 2649521

Patient Care
 (+) Summary
 (+) Biographical
 (+) Clinical
 (+) Documentation
 (+) Monitoring
 CarePlan Manager
 (+) Forms
 Dispensing
 Dispensing
 Medications
 Products
 Patients
 Sig Codes
 Claims Hold Queue
 Inventory
 (+) Items/Vendors
 Purchase Orders
 Receipts
 Adjustments
 X.12
 Accounts Receivable

Prescription Info
Prescription # NEWRX
Patient: PHARMACY TEST
Date Written: 12/8/2006 [Calendar Icon] [Print Icon]
Product Written: albuterol
DAW? N
Prescriber: [Text Field]
Indication: [Text Field]
Qty Written: [Text Field] Starter Dose Q
Days Supply # [Text Field]
Sig: [Text Field]
Directions: [Text Field]
Refills # [Text Field] **Rx Exp:** [Text Field]
Rx Media: Presc
Authorized by: [Text Field]
Comments: [Text Field]

Denver Health Central Fill Pharmacy - Find Drug*

File Edit Help

General | Advanced |

Name: albuterol
 NDC: [Text Field]

Find Now
 New Search
 Select

DrugName	NDC	DEA	Generic	Packa
ALBUTEROL 0.83 MG/ML SOLUTION	49502-0697-24	0	Generic	
ALBUTEROL 5 MG/ML SOLUTION	24208-0347-20	0	Generic	
ALBUTEROL 90 MCG INHALER	59930-1560-01	0	Generic	

Mfg: DEY LABS. OnHand: 1,410
 AWP: \$0.40 AAC \$0.02 Vendor: Supply

October 30, 2007

Dispensing

“DAW?” –

Mark ‘Y’ only if
Dispense As
Written is
indicated on
the prescription

Otherwise
mark ‘N’

Denver Health Central Fill Pharmacy- Dispensing

File Edit DAW View Tools Help Options

CarePoint Save

TEST, PHARMACY

NO KNOWN ALLERGIES

53 yr old Female

DOB: 1/6/1953

Chart: 2649521

Inst: SELF-PAY ALL

Comments

Acct #: 96855

Bal: \$

Reprint Label

☐ Patient Care
☒ Summary
☒ Biographical
☒ Clinical
☒ Documentation
☒ Monitoring
☒ CarePlan Manager
☒ Forms
☒ Dispensing
 Dispensing
 Prescribers
 Products
 Patients
 Sig Codes
 Claims Hold Queue
☒ Inventory
 Items/Vendors
 Purchase Orders
 Receipts
 Adjustments
 X.12
 Accounts Receivable

Prescription Info

Prescription #: NEWRX

Patient: PHARMACY TEST

Date Written: 12/8/2006 ☒ Short Term Rx

Product Written: Albuterol

DAW? N

Prescriber: [dropdown]

Indication: [dropdown]

Qty Written #: Starter Dose Qty#

Days Supply #

Sig: [dropdown]

Directions:

Refills #: Rx Exp: [dropdown]

Rx Media: Prescription

Authorized by: [dropdown]

Comments: [text area]

ADAM MYERS
 777 Bannock St, Denver, CO 80204-4507
 (303) 439-5774 (303) 891-8463 - Fax
 PHARMACY TEST Date 12/8/2006
 1234, DENVER, CO 80204
 Rx #
 Refills: 0 ADAM MYERS
 Substitution Permitted

☐ Flag as Treatment
☐ Print Rx File Copy

History Dispense Print Cancel

October 30, 2007

Dispensing

“Prescriber”
will pop up this
box for you to
select the
appropriate
Doctor

Beware of
prescribers
with
similar or
the same
name.
ALWAYS
Verify.

Denver Health Central Fill Pharmacy - Dispensing

File Edit DUR View Tools Help Options

CarePoint Save [Icons]

TEST, PHARMACY
NO KNOWN ALLERGIES 53 yr old Female Ins: S
DOB: 1/6/1953
Chart: 2649521

Patient Care
 [+] Summary
 [x] Biographical
 [x] Clinical
 [x] Documentation
 [x] Monitoring
 CarePlan Manager
 [x] Forms
 Dispensing
 Dispensing
 Prescribers
 Products
 Patients
 Sig Codes
 Claims Hold Queue
 Inventory
 [x] Items/vendors
 Purchase Orders
 Receipts
 Adjustments
 X.12
 Accounts Receivable

Prescription Info
Prescription # NEWRX
Patient: PHARMACY TEST
Date Written: 12/8/2006 [21] [ST]
Product Written: albuterol
DAW? N
Prescriber:
Indication:
Qty Written: Starter Dose Q
Days Supply #
Sig:
Directions:
Refills # **Rx Emp:**
Rx Media: Presc
Authorized by:
Comments:

Denver Health Central Fill Pharmacy - Find Prescriber

File Edit Help

General

Full Name... test [Sounds Like]
 Address...
 Phone:
 DEA:
 Practice:
 Other Id

Find Now
 New Search
 Select
 Add New...

Name	DEA #	Practice	Address
Test, Test	AC3360752		1233
TEST, TEST			

October 10, 2007

Dispensing

Select the correct
“Indication”
from the drop
down menu.
This is
necessary for
all medical
billing.

Denver Health Central Fill Pharmacy- Dispensing

File Edit DUR View Tools Help Options

CarePoint Save [Icons]

TEST, PHARMACY **Comments** Acct#: 96855 Bal: \$ **Reprint Label**

NO KNOWN ALLERGIES 53 yr old Female Ins: SELF-PAY ALL DOB: 1/6/1953 Chart: 2649521

- Patient Care
 - Summary
 - Biographical
 - Clinical
 - Documentation
 - Monitoring
 - CarePlan Manager
 - Forms
- Dispensing
 - Dispensing
 - Prescribers
 - Products
 - Patients
 - Sig Codes
 - Claims Hold Queue
- Inventory
 - Items/Vendors
 - Purchase Orders
 - Receipts
 - Adjustments
 - X.12
 - Accounts Receivable

Prescription Info

Prescription # NEWRX

Patient: PHARMACY TEST

Date Written: 12/8/2006 ☒ Short Term Rx

Product Written: ALBUTEROL 90 MCG INHALER

DAW? N

Prescriber: Test Test

Indication: NOT SPECIFIED

Qty Written # NOT SPECIFIED

Days Supply # NOT SPECIFIED

Directions: Hyperkalemia 276.7
Hyperkalemia 276.9
Hyperkalemia 586
Hyperkalemia 728.88
Hyperkalemia 791.3
Hyperkalemic Familial Periodic Paralysis
Hyperkalemic Familial Periodic Paralysis

Refills # **Rx Exp:** 12/8/2007

Rx Media: Prescription

Authorized by:

Comments:

Test Test
1233 A
(999) 999-9999 - Fax

PHARMACY TEST Date 12/8/2006
1234, DENVER, CO 80204

Rx **ALBUTEROL 90 MCG INHALER**
#

Refills: 0 Test Test
Substitution Permitted

☐ Flag as Treatment
☐ Print Rx File Copy

History Dispense ... [Icons] Cancel

October 10, 2007

Dispensing

Optional:
Select the correct "Rx Media" from the drop down menu to indicate how the prescription data was received

Denver Health Central Fill Pharmacy - Dispensing

File Edit DUB View Tools Help Options

CorePoint Save [Icons]

TEST, PHARMACY Comments Acct #: 96855 Bal: \$ Reprint Label

53 yr old Female Ins: SELF-PAY ALL
DOB: 1/6/1953
Chart: 2649521

TEST, PHARMACY
UNKNOWN ALLERGIES

Prescription Info

Prescription # NEWRX

Patient: PHARMACY TEST

Date Written: 12/8/2006 ☒ Short Term Rx

Product Written: ALBUTEROL 90 MCG INHALER

DAW: N

Prescriber: Test Test

Indication: NOT SPECIFIED

Qty Written # 1 **Starter Dose Qty #** 1

Days Supply # 30

Sig: ud

Directions: As directed

Refills # 1 **Rx Exp:** 12/8/2007 ☒

Rx Media: Prescription

Authorized by:

Comments:

Rx Media: Prescription
<Not Specified>
Prescription
Phone
Fax
Electronic

Test Test
1233 A
(999) 999-9999 - Fax
PHARMACY TEST Date 12/8/2006
1234, DENVER, CO 80204
Rx ALBUTEROL 90 MCG INHALER
1
Sig: UD
Refills: 1 Test Test
Substitution Permitted

☐ Flag as Treatment
☐ Print Rx File Copy

History Dispense... Save Cancel

October 30, 2007

Dispensing

Click
“Dispense” to
proceed after
all of the fields
have been
completed

OR

If you want to
print a Rx File
Copy, click the
box and click
Save rather
than Dispense

Denver Health Central Fill Pharmacy - Dispensing

File Edit DUB View Tools Help Options

CarePoint Save [Icons]

TEST, PHARMACY NO KNOWN ALLERGIES 54 yr old Female Inst: SELF-PAY ALL Date: 1/6/1953 Chart: 2649521

Comments Acct#: 96855 Bal: \$

Reprint Label

Patient Care
 (+) Summary
 (+) Biographical
 (+) Clinical
 (+) Documentation
 (+) Monitoring
 CarePlan Manager
 (+) Forms
 Dispensing
 Dispensing
 Prescribers
 Products
 Patients
 Sig Codes
 Claims Hold Queue
 Inventory
 (+) Items/Vendors
 Purchase Orders
 Receipts
 Adjustments
 X.12
 Accounts Receivable

Prescription Info
Prescription #: NEWRX
Patient: PHARMACY TEST
Date Written: 12/8/2006 [12] ☐ Short Term Rx
Product Written: ALBUTEROL 90 MCG INHALER
DAW?: N
Prescriber: Test Test
Indication: NOT SPECIFIED
Qty Written #: 1 **Starter Dose Qty#**: 1
Days Supply #: 30
Sig: ud
Directions: As directed
Refills #: 1 **Rx Exp**: 12/8/2007 [12]
Rx Media: Prescription
 <Not Specified>
 Prescription
 Phone
 Fax
 Electronic
Authorized by:
Comments:

Test Test
 1233 A
 (999) 999-9999 - Fax
 PHARMACY TEST Date 12/8/2006
 1234, DENVER, CO 80204
 Rx ALBUTEROL 90 MCG INHALER
 # 1
 Sig: UD
 Refills: 1 Test Test
 Substitution Permitted

☐ Flag as Treatment
☐ Print Rx File Copy

History Dispense... Save Cancel

Dispensing

Before dispensing you will want to make sure you are selecting an NDC that has a positive qty on hand.

It is very important that you select only **“active products”** when brand swapping

mxrx2 - Remote Desktop

Amarillo Maxor National Phcy Srv Corp - Edit Dispensing

File Edit DUR View Tools Help

CarePoint Save [Icons]

Surgical, Lisa Phone # (806) 324-5410 56754
 PENICILLINS 81 yr old Female Height: 5 in
 Bipolar Disorder DOB: 7/25/1925 Weight: 130 lbs
 Chart: office visit

Dispense Info

Date Dispensed: 12/26/2006 [12]
 Payment Method: HT DOWN - NOT SPECIFIED
 Product Dispensed: RANITIDINE 150 MG TABLET
 49684054405 500@1
 Price Table: HTDown
 Prod Exp Dt: 6/24/2007 [12]

Qty Dispensed # 10 Days Supply # 10.0

Cost \$ 0.29
 Fee \$ 0.00
 Co Pay \$ 3.00
 Discount \$ 0.00
 Tax \$ 0.00
 Price \$ 0.29
 Patient Pay \$ 3.00

Label Format: Maxor-andrew

Dispensed By: LAM Verified By: LAM

Comments:

Amarillo Maxor National Phcy Srv Corp - Find Drug

File Edit Help

General Advanced

Active / Inactive
☒ Active Only
☐ Inactive Only
☐ Both

Equivalent
☐ Include all Equivalent Drugs
☒ Do not Include Equivalent Drugs

Brand/Gene
☐ Brand
☐ Generic
☒ Both

Find Now
 New Search
 Select

DrugName	NDC	DE
RANITIDINE 150 MG TABLET	00093-8544-01	0
RANITIDINE 150 MG TABLET	00093-8544-05	0
RANITIDINE 150 MG TABLET	00093-8544-06	0
RANITIDINE 150 MG TABLET	00093-8544-10	0
RANITIDINE 150 MG TABLET	00172-4357-00	0
RANITIDINE 150 MG TABLET	00172-4357-10	0
RANITIDINE 150 MG TABLET	00172-4357-49	0
RANITIDINE 150 MG TABLET	00172-4357-70	0
RANITIDINE 150 MG TABLET	00378-3252-01	0
RANITIDINE 150 MG TABLET	00378-3252-05	0

Mfg: TEVA USA OnHand: -30
 AWP: \$1.46 AAC \$0.38 Vendor: Supply

October 01, 2007

Dispensing

Final Review

Verify the Date Dispensed, the correct Payment Method, the Qty Dispensed, the Pricing, the Tech's Initials and the Pharmacist's Initials.

Click Dispense

October 30, 2007

Denver Health Central Fill Pharmacy - Dispensing

File Edit DUB View Tools Help Options

CarePoint Save

TEST, PHARMACY

NO KNOWN ALLERGIES

53 yr old Female

DOB: 1/6/1953

Chart: 264921

Ins: SELF-PAY ALL

Comments

Acct#: 96855

Est: 1

Reprint Label

Patient Care

(+) Summary

(+) Biographical

(+) Clinical

(+) Documentation

(+) Monitoring

CarePlan Manager

(+) Forms

Dispensing

Dispensing

Prescribers

Products

Patients

Sig Codes

Claims Hold Queue

Inventory

(+) Items/Vendors

Purchase Orders

Receipts

Adjustments

X.12

Accounts Receivable

Dispense Info

Date Dispensed: 12/8/2006

Payment Method: Cash

Product Dispensed: SELF-PAY ALL.

Cash

Workers Comp

Price Table: Mcare-Self

Prod Exp Dt: 12/8/2007 On Hand: 32317.00

Lot #

Qty Dispensed # 1 Days Supply # 30

Cost \$ 0.08

Fee \$ 7.00

Co Pay \$ 0.00

Discount \$ 0.00

Tax \$ 0.00

Price \$ 7.08

Patient Pay \$ 7.08

Dispensed By: KE Verified By: KE

Label Format: Denver Health Label-robbie

Number of Labels 1

Comments:

Test Test Rx# 6275107

1233 A

(999) 999-9999 - Fax

PHARMACY TEST Date 12/8/2006

1234, DENVER, CO 80204

Rx ALBUTEROL 90 MCG INHALER

1

Sig: UD

Refills: 1

Test Test

Substitution Permitted

Override

Workers Comp

Usual and Customary: \$7.08

U&C Price Table: Mcare-Self

Pricing Type: Default

AWP: \$1.26

AAC: \$0.11

Dispense

Dispensing

- Drug Utilization Review (DUR)

A DUR Summary or a sequence of DUR Summaries may appear after clicking Dispense.

Review this information carefully before clicking Close or Print for Pharmacist Review if the text is in Red.

The screenshot shows a window titled "DUR Summary". Inside the window, the following information is displayed:

- Patient: TEST, PHARMACY
- Rx: 6275107
- Patient Counseling**
ALBUTEROL 90 MCG INHALER
- Patient Education**
ALBUTEROL 90 MCG INHALER

At the bottom of the window, there is a row of buttons: Print, Monograph, Cancel, Document, Ignore Until, and Close. The Close button is highlighted with a red border.

Reviewing Dispensing Data

Click the
“Show Queue”
tab to access
prescription
dispensing
data.

Denver Health Central Fill Pharmacy- Dispensing

File Edit DUR View Tools Help Options

CarePoint Save [Icons]

Reprint Label

Patient Care

- Summary
- Biographical
- Clinical
- Documentation
- Monitoring
- CarePlan Manager

Forms

Dispensing

- Dispensing
- Prescribers
- Products
- Patients
- Sig Codes
- Claims Hold Queue

Inventory

- Items/Vendors
- Purchase Orders
- Receipts
- Adjustments
- X.12
- Accounts Receivable

Prescription Info

Prescription # **NEWRX**

Patient: [Field]

Date Written: 12/8/2006 ☐ Short Term Rx

Product Written: [Field]

DAW? [Field]

Prescriber: [Field]

Indication: [Field]

Qty Written # [Field] Starter Dose Qty# [Field]

Days Supply # [Field]

Sig: [Field]

Directions: [Field]

Refills # 0 Rx Expt [Field]

Rx Medic: Prescription

Authorized by: [Field]

Comments: [Field]

ADAM MYERS
777 Bannock St., Denver, CO 80204-4507
(303) 439-5774 (303) 891-8469 - Fax
ONE CATTEST Date 12/8/2006
660 BANNOCK, DENVER, CO 80211
Rx # [Field]
Refills: 0 ADAM MYERS
Substitution Permitted

☐ Flag as Treatment
☐ Print Rx File Copy

History Dispense... Save Cancel

October 30, 2007

Reviewing Dispensing Data

Click on the column heading "Patient Name" to sort alphabetically and scroll to locate your patient.

Insurance Claims Queue													
Store	Rx #	Fill	Patient Name	Type	Status	Payor	Code	Pat. Paid	CoPay	Authorization #	DUR	Msg	Disp. Dat
P	6275059	1		F3pty	P	DHMP-A 5.1		\$6.30	\$6.30	06259136582314		Submit 12/8/200	
P	6236083	6		3pty	P	DHMP-M 5.1		\$0.00	\$0.00	06259130107403		Submit 12/8/200	
P	6260579	2		113pty	P	MFG COST SHARE		\$0.00	\$0.00	RXLINK ACCEPT		Lower 12/8/200	
P	6274993	1		3pty	P	DHMP-M 5.1		\$0.00	\$0.00	06259132743715		Submit 12/8/200	
P	6275058	1		3pty	P	Mcare-SierraRx		\$1.00	\$1.00	06342330137601		Submit 12/8/200	
P	6223992	7		3pty	P	Mcare-SierraRx		\$1.00	\$1.00	06342330094003		Submit 12/8/200	
P	6197517	10		3pty	P	Mcare-SierraRx		\$1.00	\$1.00	06342329932805		Submit 12/8/200	
P	6275004	1		23pty	P	SELF-PAY ALL.		\$14.00	\$14.00	RXLINK ACCEPT		Round 12/8/200	
P	6275086	1		113pty	P	MFG COST SHARE		\$0.00	\$0.00	RXLINK ACCEPT		Lower 12/8/200	
P	6275057	1		3pty	P	CICP-N.		\$5.00	\$5.00	RXLINK ACCEPT		Lower 12/8/200	
P	6275056	1		3pty	P	CICP-N.		\$5.00	\$5.00	RXLINK ACCEPT		Lower 12/8/200	
P	6275055	1		3pty	P	MFG COST SHARE		\$0.00	\$0.00	RXLINK ACCEPT		Lower 12/8/200	
P	6275054	1		3pty	P	MFG COST SHARE		\$0.00	\$0.00	RXLINK ACCEPT		Lower 12/8/200	
P	6275053	1		3pty	P	CICP-N.		\$5.00	\$5.00	RXLINK ACCEPT		Lower 12/8/200	
P	6250760	3		3pty	P	MFG COST SHARE		\$0.00	\$0.00	RXLINK ACCEPT		Lower 12/8/200	
P	6257976	2		3pty	P	DHMP-A 5.1		\$7.01	\$7.01	06259130107396		Submit 12/8/200	
P	6246758	4		3pty	P	Mcare-UnitedMedicareRx		\$1.00	\$1.00	16261	DUR	Submit 12/8/200	
P	6241805	5		3pty	P	Mcare-UnitedMedicareRx		\$3.00	\$3.00	15741	DUR	Submit 12/8/200	
P	6266053	2		3pty	P	NuvaRing		\$6.00	\$6.00	RXLINK ACCEPT		Cash 112/8/200	
P	6275003	1		13pty	P	Mcare-CCareRx		\$5.00	\$5.00	06342304575905	DUR	Submit 12/8/200	
P	6275007	1		3pty	P	CICP-E.		\$10.00	\$10.00	RXLINK ACCEPT		Lower 12/8/200	

Click on a Row to see messages here

Re-Submit Claim

Reverse

Reprint Label

Show 3rd Party

Show Reversals

Show Cash

Show Voids Only

Show Accepted Claims

Show Rejected Claims

Show Submitted Claims

Show Last 1 Days

358 Claims > 12/7/2006

Find

Edit Dispense

Refresh

Close

October 10, 2007

Reviewing Dispensing Data

You can also click "Find" to bring up the QuickFinder and locate your patient by name or prescription number.

Insurance Claims Queue

Store	Rx #	Fill	Patient Name	Type	Status	Payor	Code	Pat. Paid	CoPay	Authorization #	DUR	Msg	Disp. Dat
P	6257559	3		3Pty	P	CHS-G.		\$12.00	\$12.00	RXLINK ACCEPT	Lower	12/8/200	
P	6242351	5		3Pty	P	CICP-B.		\$7.00	\$7.00	RXLINK ACCEPT	Lower	12/8/200	
P	6241160	5		3Pty	P	Mcare-DH Choice		\$1.00	\$1.00	06259136583997	Submit	12/8/200	
P	6241161	5		3Pty	P	Mcare-DH Choice		\$1.00	\$1.00	06259130108759 DUR	Submit	12/8/200	
P	6241162	5		3Pty	P	Mcare-DH Choice		\$1.00	\$1.00	06259134109874 DUR	Submit	12/8/200	
P	6275074	1		3Pty	P	CICP-D.		\$15.00	\$15.00	RXLINK ACCEPT	Lower	12/8/200	
P	6171601	8		3Pty	P	CICP-B.		\$9.00	\$9.00	RXLINK ACCEPT	Lower	12/8/200	
P	6275088	1		3Pty	P	CICP-B.		\$11.00	\$11.00	RXLINK ACCEPT	Lower	12/8/200	
P	6210669	9		3Pty	P	CICP-C.		\$7.00	\$7.00	RXLINK ACCEPT	Lower	12/8/200	
P	6210670	9		3Pty	P	CICP-C.		\$7.00	\$7.00	RXLINK ACCEPT	Lower	12/8/200	
P	6227783	5		3Pty	P	SELF-PAY ALL.		\$15.00	\$15.00	RXLINK ACCEPT	Round	12/8/200	
P	6275008	1		3Pty	P	Mcare-DH Choice		\$0.00	\$0.00	06259132743026	Submit	12/8/200	
P	6275010	1		3Pty	P	Mcare-DH Choice		\$1.00	\$1.00	06259134108370	Submit	12/8/200	
P	6275013	1								2743045	Submit	12/8/200	
P	6266654	2								ACCEPT	Lower	12/8/200	
P	6275071	1								ACCEPT	Lower	12/8/200	
P	6210121	5								0106705 DUR	Submit	12/8/200	
P	6249819	2								ACCEPT	Lower	12/8/200	
P	6221165	3								1492252	Submit	12/8/200	
P	6247843	4								ACCEPT	Copay	12/8/200	
P	6275099	1		3Pty	P	MEDICAID FQHC		\$1.00	\$1.00	RXLINK ACCEPT	Copay	12/8/200	

QuickFinder

☒ Patient Last Name:
☐ Prescription Number:

OK Cancel

Lower cost-vs-copay transaction Lower cost-vs-copay billing captured by RxLink

Re-Submit Claim Reverse ☒ Show 3rd Party ☒ Show Accepted Claims ☒ Show Last 1 Days
☐ Show Reversals ☒ Show Rejected Claims
☐ Show Cash ☒ Show Submitted Claims
☐ Show Voids Only

Find Refresh Edit Dispense Close

360 Claims > 12/7/2006

October 30, 2007

Reversing, Editing, & Re-Submitting

From this screen you can Reverse a claim if you find an error after it has been paid and received an Authorization #.

Insurance Claims Queue													
Store	Rx #	Fill	Patient Name	Type	Status	Payor	Code	Pat. Paid	CoPay	Authorization #	DUR	Msg	Disp. Dat
P	6275059	1		F3Pty	P	DHMP-A 5.1		\$6.30	\$6.30	06259136582314		Submit 12/8/200	
P	6236083	6		3Pty	P	DHMP-M 5.1		\$0.00	\$0.00	06259130107403		Submit 12/8/200	
P	6260579	2		113Pty	P	MFG COST SHARE		\$0.00	\$0.00	RXLINK ACCEPT		Lower 12/8/200	
P	6274993	1		3Pty	P	DHMP-M 5.1		\$0.00	\$0.00	06259132743715		Submit 12/8/200	
P	6275058	1		3Pty	P	Mcare-SierraRx		\$1.00	\$1.00	06342330137601		Submit 12/8/200	
P	6223992	7		3Pty	P	Mcare-SierraRx		\$1.00	\$1.00	06342330094003		Submit 12/8/200	
P	6197517	10		3Pty	P	Mcare-SierraRx		\$1.00	\$1.00	06342329932805		Submit 12/8/200	
P	6275004	1		23Pty	P	SELF-PAY ALL.		\$14.00	\$14.00	RXLINK ACCEPT		Round 12/8/200	
P	6275086	1		113Pty	P	MFG COST SHARE		\$0.00	\$0.00	RXLINK ACCEPT		Lower 12/8/200	
P	6275057	1		3Pty	P	CICP-N.		\$5.00	\$5.00	RXLINK ACCEPT		Lower 12/8/200	
P	6275056	1		3Pty	P	CICP-N.		\$5.00	\$5.00	RXLINK ACCEPT		Lower 12/8/200	
P	6275055	1		3Pty	P	MFG COST SHARE		\$0.00	\$0.00	RXLINK ACCEPT		Lower 12/8/200	
P	6275054	1		3Pty	P	MFG COST SHARE		\$0.00	\$0.00	RXLINK ACCEPT		Lower 12/8/200	
P	6275053	1		3Pty	P	CICP-N.		\$5.00	\$5.00	RXLINK ACCEPT		Lower 12/8/200	
P	6250760	3		3Pty	P	MFG COST SHARE		\$0.00	\$0.00	RXLINK ACCEPT		Lower 12/8/200	
P	6257976	2		3Pty	P	DHMP-A 5.1		\$7.01	\$7.01	06259130107396		Submit 12/8/200	
P	6246758	4		3Pty	P	Mcare-UnitedMedicareRx		\$1.00	\$1.00	16261	DUR	Submit 12/8/200	
P	6241805	5		3Pty	P	Mcare-UnitedMedicareRx		\$3.00	\$3.00	15741	DUR	Submit 12/8/200	
P	6266053	2		3Pty	P	NuvaRing		\$6.00	\$6.00	RXLINK ACCEPT		Cash 11/8/200	
P	6275003	1		3Pty	P	Mcare-CCareRx		\$5.00	\$5.00	06342304575905	DUR	Submit 12/8/200	
P	6275007	1		3Pty	P	CICP-E.		\$10.00	\$10.00	RXLINK ACCEPT		Lower 12/8/200	

Click on a Row to see messages here

Re-Submit Claim
Reverse

☒ Show 3rd Party
☒ Show Reversals
☐ Show Cash
☐ Show Voids Only

☒ Show Accepted Claims
☒ Show Rejected Claims
☒ Show Submitted Claims

Show Last 1 Days

Find
Refresh

Reprint Label
Stores

Edit Dispense
Close

358 Claims > 12/7/2006

October 30, 2007

Reversing, Editing, & Re-Submitting

The "Type" column, will indicate which claims have been Reversed.

These claims can then be Edited and Re-Submitted.

All paid claims should have a "Type" of 3Pty and a "Status" of P

Insurance Claims Queue													
Store	Rx #	Fill	Patient Name	Type	Status	Payor	Code	Pat. Paid	CoPay	Authorization #	DUR	Msg	Disp. Dat
11	6274991	1		3Pty	P	Mcare-Self		\$11.00	\$11.00	RXLINK ACCEPT		Msg	12/8/200
11	6274992	1		3Pty	P	Mcare-Self		\$21.00	\$21.00	RXLINK ACCEPT		Msg	12/8/200
11	6254837	3		3Pty	P	DHMP-M 5.1		\$0.00	\$0.00	06259131492681		Msg	12/8/200
11	6259374	3		3Pty	P	DHMP-M 5.1		\$0.00	\$0.00	06259130107255		Msg	12/8/200
11	6257674	3		3Pty	P	CICP-Z.		\$0.00	\$0.00	RXLINK ACCEPT		Msg	12/8/200
11	6257675	3		3Pty	P	CICP-Z.		\$0.00	\$0.00	RXLINK ACCEPT		Msg	12/8/200
11	6214461	7		3Pty	P	Mcare-DH Choice		\$1.00	\$1.00	06259134108415		Msg	12/8/200
11	6234771	5		3Pty	P	Mcare-DH Choice		\$3.00	\$3.00	06259133523841	More	Msg	12/8/200
11	6261455	2		3Pty	P	CICP-C.		\$7.00	\$7.00	RXLINK ACCEPT		Msg	12/8/200
11	6261457	2		3Pty	P	CICP-C.		\$7.00	\$7.00	RXLINK ACCEPT		Msg	12/8/200
11	6275107	1	TEST, PHARMACY	Revers	S	Cash/Charge/Other		\$7.00	\$0.00			Msg	12/8/200
11	6241085	3		3Pty	P	CICP-E.		\$10.00	\$10.00	RXLINK ACCEPT		Msg	12/8/200
11	6241086	2		3Pty	P	CICP-E.		\$11.00	\$11.00	RXLINK ACCEPT		Msg	12/8/200
11	6236629	5		3Pty	P	MFG COST SHARE		\$0.00	\$0.00	RXLINK ACCEPT		Msg	12/8/200
11	6265138	2		3Pty	P	CICP-A.		\$7.00	\$7.00	RXLINK ACCEPT		Msg	12/8/200
11	6265139	2		3Pty	P	CICP-A.		\$7.00	\$7.00	RXLINK ACCEPT		Msg	12/8/200
11	6224272	7		3Pty	P	CICP-E.		\$8.00	\$8.00	RXLINK ACCEPT		Msg	12/8/200
11	6251878	4		3Pty	P	CICP-E.		\$9.00	\$9.00	RXLINK ACCEPT		Msg	12/8/200
11	6259339	3		3Pty	P	CICP-E.		\$8.00	\$8.00	RXLINK ACCEPT		Msg	12/8/200
11	6275005	1		3Pty	P	MFG COST SHARE		\$0.00	\$0.00	RXLINK ACCEPT		Msg	12/8/200
11	6275006	1		3Pty	P	CICP-E.		\$9.00	\$9.00	RXLINK ACCEPT		Msg	12/8/200

Cash Style Claim, Processed as Cash Claim

☒ Show 3rd Party
 ☒ Show Accepted Claims
 ☐ Show Last 1 Days

☒ Show Reversals
 ☒ Show Rejected Claims
 ☒ Show Submitted Claims
 ☐ Show Voids Only

387 Claims > 12/7/2006

October 30, 2007

Reversing, Editing, & Re-Submitting

From this screen you can make changes and click Resubmit or you can click Void to void the Dispense

Denver Health Central Fill Pharmacy - Edit Dispensing

File Edit DUR View Tools Help

CarePoint Save Print Copy Paste Undo Redo

Reprint Label

Dispense Info

Date Dispensed: 12/8/2006

Payment Method: Cash

Product Dispensed: ALBUTEROL 90 MCG INHALER

59930156001 17@0.110

Price Table: Mcare-Self

Prod Exp Dt: 12/8/2007

Lot #

Qty Dispensed # 1 Days Supply # 30.0

Cost \$	0.08	0.08
Fee \$	7.00	7.00
Co Pay \$	0.00	0.00
Discount \$	0.00	0.00
Tax \$	0.00	0.00
Price \$	7.08	7.08
Patient Pay \$	7.08	0.00

Label Format: Denver Health Label-robbie

Dispensed By: KE Verified By: lam

Comments:

Rx# 6275107

Test Test 1233 A

(999) 999-9999

PHARMACY TEST Date 12/8/2006

1234, DENVER, CO 80204

Rx

ALBUTEROL 90 MCG INHALER

1

Sig: ud

Refills: 1 Test Test

Substitution Permitted

Units/Dose: 0.00 Frequency: 0.00

Sig Text: As directed

Indication: NOT SPECIFIED

GPI Disp: Generic Flag as Treatment

Auto Refill Hold Until 12/8/2007

Override Workers Comp Resubmit Void

Save Reprint Label Cancel Close

Financial values have changed, old values displayed

October 30, 2007

Reversing, Editing, & Re-Submitting

- Brand Swapping

Occasionally a particular NDC may not be available and you will have to swap the medication that was originally dispensed for an equivalent one before Re-Submitting.

Very important that you select the advance tab and select "active" inventory only.

October 30, 2007

Dispense Info

Date Dispensed: 12/26/2006
Payment Method: FMOLHS - FMOLHS293
Product Dispensed: METFORMIN HCL 500 MG TABLET
57664039758 1000@ \$0.04 2
Price Table: ACQ+12.34
Prod Exp Dt: 6/24/2007
Qty Dispensed #: 360 Days Supply #: 90.0
Cost \$ 13.61
Fee \$ 12.34
Co Pay \$ 0.00
Discount \$ 0.00
Tax \$ 0.00
Price \$ 25.95
Patient Pay \$ 0.00
Label Format: Maxor-andrew
Dispensed By: JC Verified By: JC
Comments:

Amarillo Maxor National Phcy Srv Corp - Find Drug*

File Edit Help

General Advanced

Active Inactive
☐ Active Only
☐ Inactive Only
☒ Both

Equivalent
☐ Include all Equivalent Drugs
☒ Do not Include Equivalent Drugs

Brand/Gene
☐ Brand O
☐ Generic
☒ Both

Find Now
New Search
Select

DrugName	NDC	DE
GLUCOPHAGE 500 MG TABLET	00087-6060-05	0
GLUCOPHAGE 500 MG TABLET	00087-6060-10	0
GLUCOPHAGE 500 MG TABLET	00247-1443-30	0
GLUCOPHAGE 500 MG TABLET	00440-7562-92	0
GLUCOPHAGE 500 MG TABLET	00440-7562-95	0
GLUCOPHAGE 500 MG TABLET	54569-4202-00	0
GLUCOPHAGE 500 MG TABLET	54569-4202-01	0
GLUCOPHAGE 500 MG TABLET	54569-4202-02	0

Mfg: BMS PRIMARYCARE OnHand: 586
AWP: \$0.93 AAC \$0.73 Vendor: Supply

Guardian Inventory

How to check
your qty on hand,
acquisition cost
and how to active
NDC

Amarillo Maxor National Phcy Srv Corp- Dispensing

File Edit DUB View Tools Help Options

CarePoint Save

Prescription Info

Prescription # NEWRX

Patient:

Date Written: 12/26/2006 ☐ Show

Product Written:

DAW? N

Prescriber:

Indication:

Qty Written # Starter Dose Qty

Units/Dose # Dose Frequency

Sig:

Directions:

Refills # Rx Exp:

Rx Media: Prescrip

Authorized by:

Comments:

Navigation Menu:

- Patient Care
 - Summary
 - Biographical
 - Clinical
 - Documentation
 - Monitoring
 - CarePlan Manager
 - Forms
- Dispensing
 - Dispensing
 - Prescribers
 - Products
 - Patients
 - Sig Codes
 - Claims Hold Queue
- Inventory
 - Items/Vendors
 - Purchase Orders
 - Receipts
 - Adjustments
 - X.12
- Accounts Receivable
 - Activity
 - Account Admin
 - System Admin

Guardian Inventory

Click on
Inventory Item

Enter drug
name in the
find field and
click "apply"

mxrx2 - Remote Desktop

[-] Patient Care
 [-] Summary
 [-] Biographical
 [-] Clinical
 [-] Documentation
 [-] Monitoring
 [-] CarePlan Manager
[-] Forms
[-] Dispensing
 [-] Dispensing
 [-] Prescribers
 [-] Products
 [-] Patients
 [-] Sig Codes
 [-] Claims Hold Queue
[-] Inventory
 [-] Items/Vendors
 Inventory Items
 Inventory Vendors
 Purchase Orders
 Receipts
 Adjustments
 X.12
[-] Accounts Receivable
 Activity
 Account Admin
 System Admin

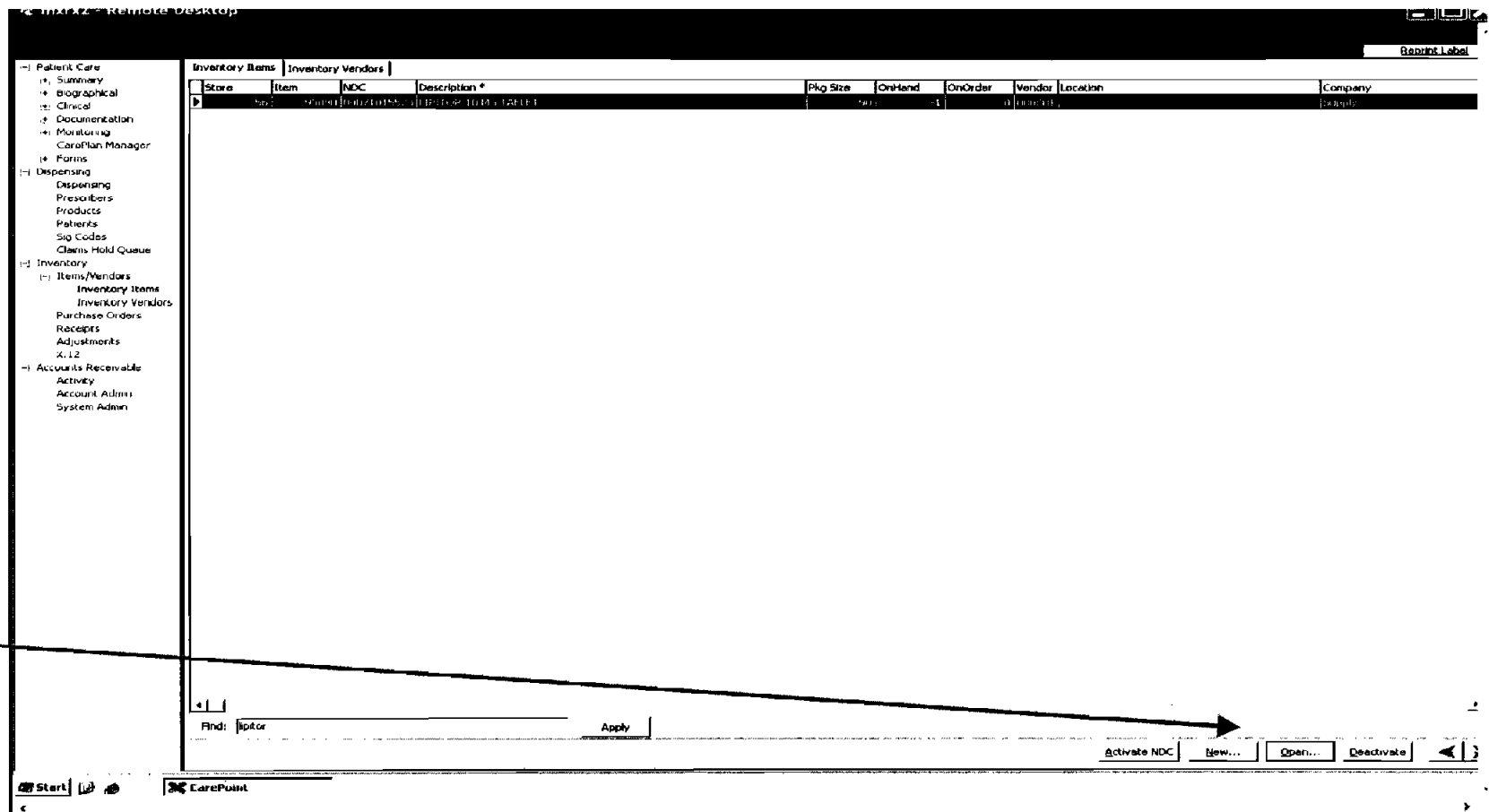
Store	Item	NDC	Description *	Pkg Size	OnHand	OnOrder	Vendor
-------	------	-----	---------------	----------	--------	---------	--------

Find: lipitor Apply

Start CarePoint

Select Inventory item

Find the correct ndc and click on the “open” button



Updating AAC

Click on
Vendors

Inventory Items

Edit | **Vendors** | History | Lots |

General

NDC: 00071015723

Item#: 1495

Description: LIPITOR 40MG TABLET

Class: 0 Mfr#:

UPC Code:

SKU: Location:

Exclude From Dispensing: ☐

Primary Vendor: Supply

AAC: 3.220

On Hand: -295

Package Size: 90

Ordering

Type: Max Qty Based on QOH

Min To Be On Hand:

Max To Be On Hand:

Cancel Save

- Patient Care
 - Summary
 - Biographical
 - Clinical
 - Documentation
 - Monitoring
 - CarePlan Manager
 - Forms
- Dispensing
 - Dispensing
 - Prescribers
 - Products
 - Patients
 - Sig Codes
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 - Items/Vendors
 - Inventory Items
 - Inventory Vendors
 - Purchase Orders
 - Receipts
 - Adjustments
 - X.12
- Accounts Receivable
 - Activity
 - Account Admin
 - System Admin

Inventory Items | Inventory Vendors

Store	Item	NDC	Description *	Pkg Size	OnHand	OnOrder	Vendor	Locatic
11	1377	00071015523	LIPITOR 10MG TABLET	90	503	0	000001	
11	2217	00071015623	LIPITOR 20MG TABLET	90	300	0	000001	
11	1495	00071015723	LIPITOR 40MG TABLET	90	-295	0	000001	
11	2710	00071015823	LIPITOR 80MG TABLET	90	-15	0	000001	

Inventory Items

Edit Vendors | History | Lots

Item/Description

1495 LIPITOR 40MG TABLET

Primary Vendor: Supply

Package Size: 90

VendorName	VendorItemNo	MinOrdQty	AAC
Supply	916015	1.000	\$3.220

Supply

LIPITOR 40MG TABLET

Vendor Item #:

916015

Minimum Order Qty:

1

AAC:

3.2196

Cancel

OK

Set Primary Vendor

Open

New

Delete

Cancel

Save

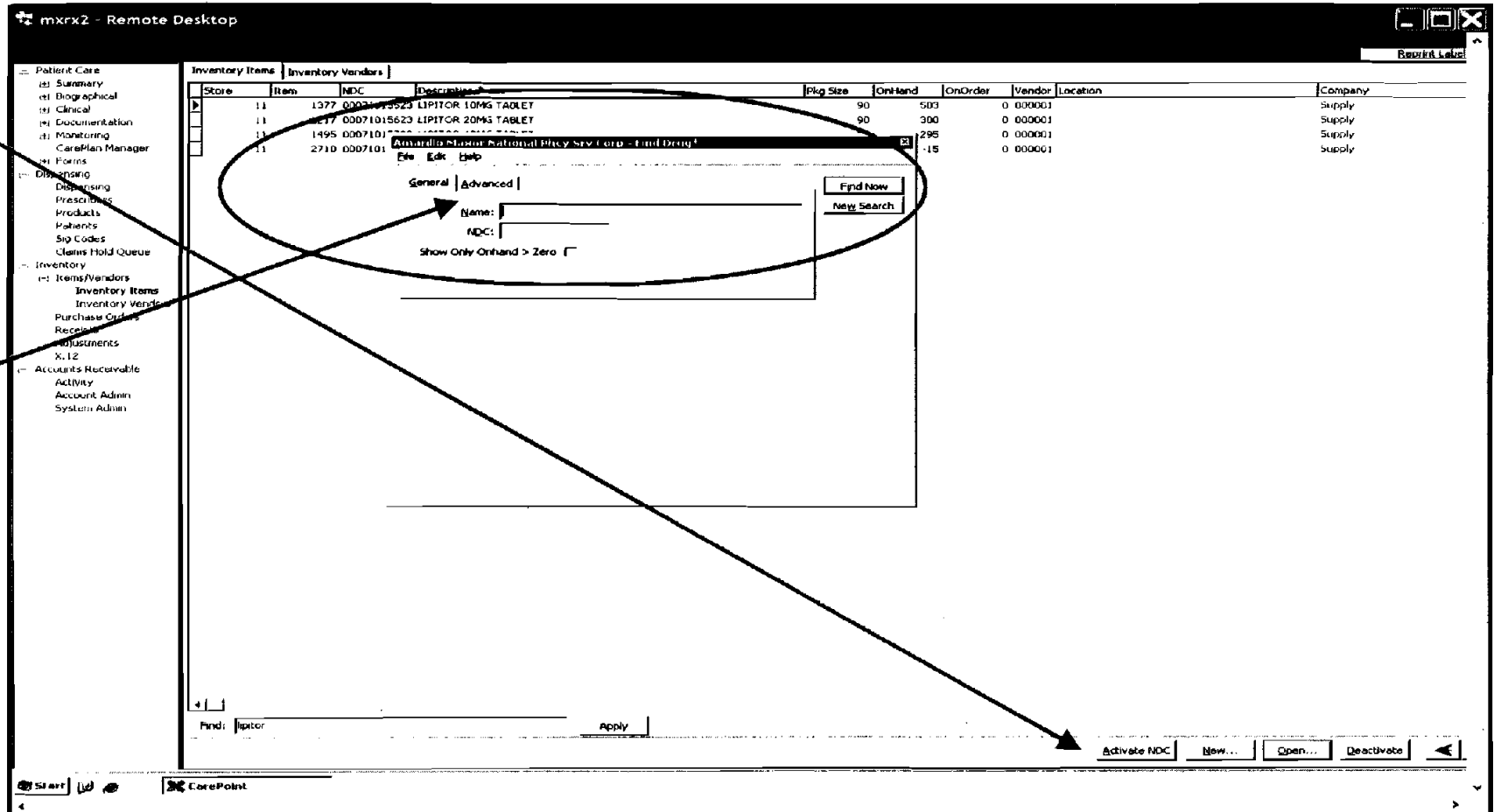
Click "open"

You must enter the aac per each

Activating NDC

Click on
“activate
NDC”

Click on
the
advance
tab and
search by
NDC or
Name of
drug



Activating NDC

Make sure that the
aac is correct per
each (pill, ml, patch

Primary Vendors					
NDC	Description *	Pkg Size	OnHand	OnOrder	Vendor Location
00071015523	LIPITOR 10 MG TABLET	90	-1	0	000001

Make sure the
“primary Vendor is
supply

if not, click on “set
primary vendor”

Inventory Items

Edit Vendors | History | Lots

Item/Description: 93050 LIPITOR 10 MG TABLET

Primary Vendor: Supply

Package Size: 90

VendorName	VendorItemNo	MinOrdQty	AAC
Supply		1.000	

Supply

LIPITOR 10 MG TABLET

Vendor Item #:

Minimum Order Qty: 1

AAC: 0.01

Cancel OK

Set Primary Vendor Open New Delete

Cancel Save

Adjusting Inventory

Click on "adjustments"

Click on "Add"

Search by NDC number or drug name

The screenshot shows the CarePoint software interface. The sidebar menu on the left contains the following items: Patients, Sig Codes, Claims Hold Queue, Inventory (expanded), Items/Vendors (expanded), Inventory Items, Inventory Vendors, Purchase Orders, Receipts, Adjustments, X.12, Accounts Receivable, Activity, Account Admin, and System Admin. An arrow points from the text 'Click on "adjustments"' to the 'Adjustments' item in the sidebar. Another arrow points from the text 'Click on "Add"' to the 'Add' button at the bottom of the main window. A third arrow points from the text 'Search by NDC number or drug name' to the 'Find' button in the 'Add Item' dialog box. The 'Add Item' dialog box is open, showing fields for Description, Item, and NDC. Below these fields is a table with the following data:

Item	NDC	Description	Vendor	Units On
79514	<non drug>	<Type Description Here...>	000001	
79515	<non drug>	<Type Description Here...>	000001	
85019	<non drug>	<Type Description Here...>	000001	
87559	<non drug>	<Type Description Here...>	000001	
91692	99207001960	A/T/S 2% TOPICAL SOLUTION	000001	

At the bottom of the main window, there are buttons for Save, Add, Delete, Post All, and Print Log. The Windows taskbar at the bottom shows the Start button and the CarePoint application icon.

Adjusting Inventory Reason

Correct the
qty on
hand and
select a
"reason" in
the drop
down
menu

Click
"post all"
and "save"

mxrx2 - Remote Desktop

Reprint Label

Date	Description	Cur On Hand Qty	Adjustment Qty	Plg Adj Qty	New On Hand Qty	Reason	User
12/26/2006	LIPITOR 10MG TABLET	503	0	0	503	<Not Specified> <Not Specified> Authorize/Pre-Authorize Incorrect Inventory Manually Post Sale Stock	

Save Add Delete Post All Print Log

Start CarePoint

Products

You can find all "first data bank drugs" under the "products"

mxrx2 - Remote Desktop

- [-] Patient Care
 - [+] Summary
 - [+] Biographical
 - [+] Clinical
 - [+] Documentation
 - [+] Monitoring
 - CarePlan Manager
 - [+] Forms
- [-] Dispensing
 - Dispensing
 - Prescribers
 - Products**
 - Patients
 - Sig Codes
 - Claims Hold Queue
- [-] Inventory
 - [-] Items/Vendors
 - Inventory Items
 - Inventory Vendors
 - Purchase Orders
 - Receipts
 - Adjustments
 - X.12
- [-] Accounts Receivable
 - Activity
 - Account Admin
 - System Admin

Name	Pkg Size	NDC	Mfg	OBC	Form
Amarillo Maxor National Phcy Srv Corp - Find Drug* File Edit Help General Advanced Name: LIPITOR NDC: Show Only Onhand > Zero ☐ Find Now New Search Select					
DrugName	NDC	DEA	Generic	PackageS	
LIPITOR 10 MG TABLET	00071-0155-23	0	Brand		
LIPITOR 20 MG TABLET	00071-0156-23	0	Brand		
LIPITOR 40 MG TABLET	00071-0157-23	0	Brand		
LIPITOR 80 MG TABLET	00071-0158-23	0	Brand		

Mfg: PFIZER US PHARM OnHand: 503
 AWP: \$2.89 AAC: \$2.26 Vendor: Supply

Awp under products

- Documentation
- Monitoring
- CorePlan Manager
- Forms
- Dispensing
 - Dispensing
 - Prescribers
 - Products
 - Patients
 - Sig Codes
 - Claims Hold Queue
- Inventory
 - Items/Vendors
 - Inventory Items
 - Inventory Vendors
 - Purchase Orders
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 - Activity
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 - System Admin

Edit Product

File Edit Help

Save and Close

Amarillo Maxor National Phey Srv Corp - Edit Product

Product: LIPITOR

NDC: 00071-0155-23

Replacement NDC:

Obsolete Date:

Label Name: LIPITOR 10 MG TABLET

DEA: 0 ...

Rx Only: Y

DESI: N

Dosage Form: TABLET

Strength: 10MG

Generic Code: 29967

Generic Price Ind: 2 BRAND ...

Unit Desc: Each

Route: ORAL

Pkg Size: 90.000

Unit Dose: No

Financial

	Unit Cost	Pkg Cost
AWP	\$2.8894	\$260.0460
FUL	\$2.8894	\$260.0460
MAC	\$2.8894	\$260.0460
AAC	Use Inventory to Modify	
User	\$2.8894	\$260.0460
Formulary	☐	

Update:

OK Cancel

Clinical
Physical
Financial
Drug Image
Inventory
Storage

Number of Times Used: 15770

12/26/2006 1:12 PM

Search Criteria:

☒ Product Name/NDC

☐ Generic Name/Gcnseqno

☐ Manufacturer

☐ Label Name

LIPITOR 10 MG TABLET

Equivalent

Search