

E-prescribe Controlled Substance for InPatient Provider

Try It Out

1. Go to the **Discharge Navigator** tab
2. As of 12/15/2020 **Class** should default to **e-Prescribe**.

Important: Make sure to review inside order and validate **e-Prescribe** is selected.

3. Confirm correct Pharmacy if not select the **Pharmacy hyperlink**.

- a. Within the Hyperlink search Desired Pharmacy
- b. or Desired Pharmacy type
- c. Highlight the correct Pharmacy by selecting it

4. Select **Accept**
5. Select **Sign**

| E-Rx? | Name | Phone | Fax | Address | E-Ctrl? | Operating |
|-------|---|--------------|--------------|-----------------|---------|-----------|
| Yes | WALGREENS DRUG STORE #04230 - KEIZER, OR - 5000 RIVER RD N AT RIVER & CHEMAWA | 503-390-2642 | 503-390-3422 | 5000 RIVER RD N | Yes | Retail |
| Yes | WALMART NEIGHBORHOOD MARKET 3146 - CORVALLIS, OR - 1840 NW 9TH ST | 541-224-0039 | 541-224-0040 | 1840 NW 9th St | Yes | Retail |

6. Click on the check-box for the controlled substance to be reviewed, then click **Sign**.

Review of Controlled Medications for E-Prescribing

Sierramikehotel, Charlie Ordered On: 1/2/2020

Review Instructions

Reviewing the specific details, including provider and patient information, of each controlled medication order is required by the DEA. After confirming all data is accurate and complete, check the box next to the medication name to indicate that the prescription is ready for signing.

Provider: Clarke, G Andrew, MD
665 Winter Street SE, Salem OR 97301 United States of America

DEA Number: [REDACTED] Individual DEA #: [REDACTED]

| Reviewed | Schedule II Medication | Strength | Form | Sig | Dispense-Refill | Earliest Fill Date | | |
|-------------------------------------|------------------------|----------|--------|---|------------------|--------------------|------|--------|
| <input checked="" type="checkbox"/> | oxyCODONE 5 MG PO TABS | 5 MG | Tablet | Take 1-3 Tabs (5-15 mg total) by mouth every 3 hours as needed (for pain) | Disp-10 Tab, R-0 | 1/2/2020 | Edit | Remove |

Signing Controlled Substances

By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear above.

Sign & Print Script Sign Cancel

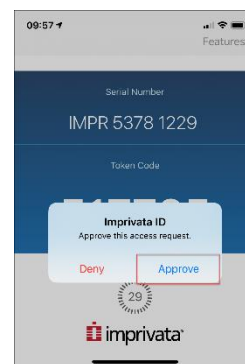
7. Confirm your identity on Fingerprint reader if one is at station OR refer to Mobile Device to verify notification.

Confirm your identity - FABADE@phservices.org - Imprivata Confirm ID

Confirm your identity Place your finger or use your network password

Confirm your identity - GACLAR@phservices.org - Imprivata Confirm ID

Confirm your identity Imprivata ID Approve on your phone



8. Click **Approve** button