

# Printing a Controlled Substance

Last Modified on 11/28/2023 3:34 pm EST

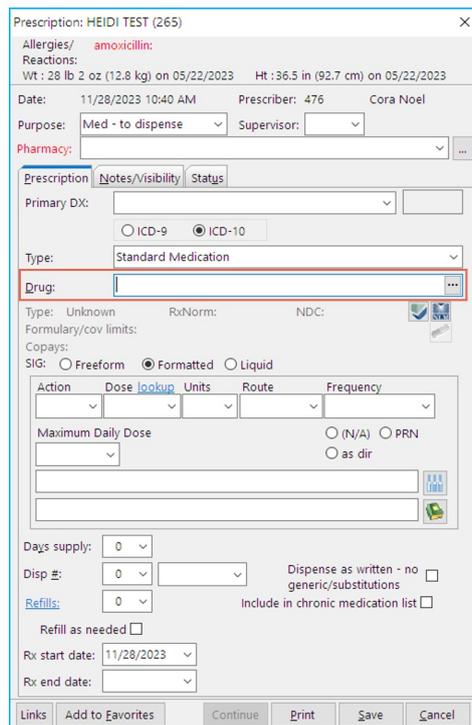
Version 21.3

## Overview

**Path: Clinical, Billing, or Practice Management tab > Patient Chart button > Medications**

If a controlled substance is sent electronically and a copy is printed, the printed copy will have a watermark indicating it is not valid for dispensing. If a prescription for a controlled substance is not sent electronically but printed, it can only be printed once. All other copies will print with a watermark to show the prescription is not valid.

1. Click the **Patient Chart** button.
2. Find the patient using the **Search** box .
3. Click on the **Medications** tab.
4. Click on the **New** button to prescribe a new medication.
5. In the **Drug** field, begin typing the medication name and click the **Ellipsis** button or press the **Enter** key.



Prescription: HEIDI TEST (265)

Allergies/ Reactions: amoxicillin

Wt: 28 lb 2 oz (12.8 kg) on 05/22/2023 Ht: 36.5 in (92.7 cm) on 05/22/2023

Date: 11/28/2023 10:40 AM Prescriber: 476 Cora Noel

Purpose: Med - to dispense Supervisor: Pharmacy:

Prescription Notes/Visibility Status

Primary DX: ICD-9 ICD-10

Type: Standard Medication

**Drug:**

Type: Unknown RxNorm: NDC: Formulary/cov limits: Copays: SIG: Freeform Formatted Liquid

Action	Dose	Units	Route	Frequency

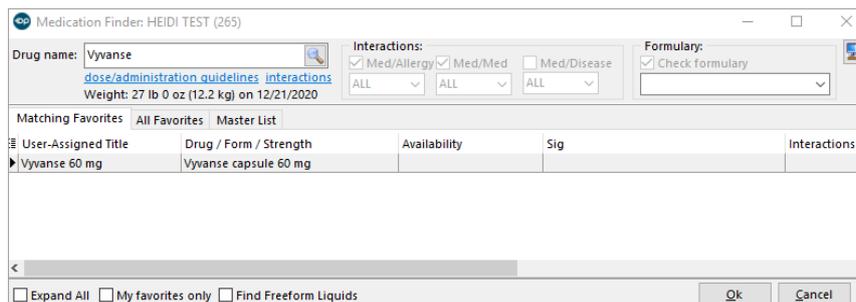
Maximum Daily Dose: (N/A) PRN as dir

Days supply: 0 Disp #: 0 Refills: 0

Rx start date: 11/28/2023 Rx end date:

Links Add to Favorites Continue Print Save Cancel

6. From the Medication Finder window, select the medication by double-clicking or clicking **OK**.



Medication Finder: HEIDI TEST (265)

Drug name: Vyvanse Interactions: Med/Allergy Med/Med Med/Disease Formulary: Check formulary

dose/administration guidelines interactions Weight: 27 lb 0 oz (12.2 kg) on 12/21/2020

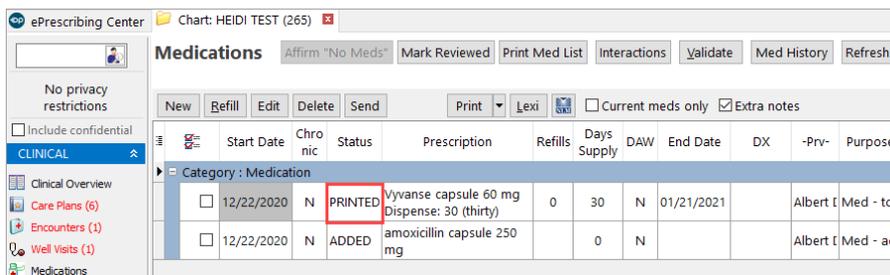
User-Assigned Title	Drug / Form / Strength	Availability	Sig	Interactions
Vyvanse 60 mg	Vyvanse capsule 60 mg			

Expand All My favorites only Find Freeform Liquids Ok Cancel

- Verify the **Sig** is correct and enter **PMP Tracking#** if required.
- Click the **Print** button. A print preview window opens. Print the medication script.

<b>Albert Davis, MD</b>		<b>Copy of Prescription</b> 12/22/20    # 838	
555-555-1002		D.E.A. LIC # 123456 NPI # 123456	
Date: 12/22/2020    Patient Number: 265		Vyvanse capsule 60 mg Dispense: 30 (thirty) capsule Take 1 cap by mouth every morning for 30 days	
Patient Name: HEIDI TEST Address: 334455 FIRST ST Bloomington IN 47404 Birthdate: 01/09/2019		Note to Pharmacist or Patient :	
Parents: AMANDA TEST Home Tel: 111-111-1111    Day Tel:			
<b>Rx</b> # 838    Refills: 0 <b>Vyvanse capsule 60 mg</b> <b>Dispense: 30 (thirty) capsule</b> <b>Take 1 cap by mouth every morning for 30 days</b>			
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'd.a.w.' IN THE BOX BELOW			
<input type="checkbox"/> Dispense As Written			
printed 12/28/2020 01:16 PM			

- On the medication list the medication will have a status of printed.



ePrescribing Center | Chart: HEIDI TEST (265)

**Medications**    Affirm "No Meds"    Mark Reviewed    Print Med List    Interactions    Validate    Med History    Refresh

No privacy restrictions  
 Include confidential

Current meds only     Extra notes

	Start Date	Chronic	Status	Prescription	Refills	Days Supply	DAW	End Date	DX	-Prv-	Purpose
Category: Medication											
<input type="checkbox"/>	12/22/2020	N	PRINTED	Vyvanse capsule 60 mg Dispense: 30 (thirty)	0	30	N	01/21/2021		Albert I	Med - to
<input type="checkbox"/>	12/22/2020	N	ADDED	amoxicillin capsule 250 mg		0	N			Albert I	Med - adi

- When re-printing a controlled substance a watermark will appear on the script. This indicates the script is not valid for dispensing.

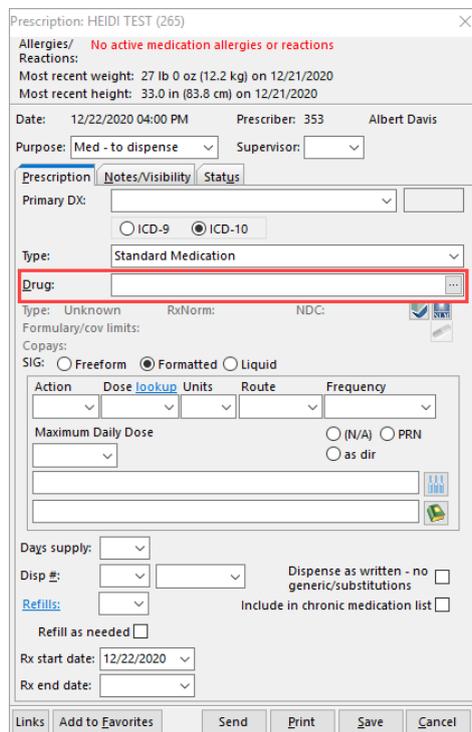
1234 Main Street Anytown, XX 999991111		<b>Copy of Prescription</b> 03/19/16    # 493	
202-321-1212		D.E.A. PR6474249	
208000000X		LIC # NPI # 8554661248	
Date: 03/19/2016    Patient Number: 100		Concerta Tablet, Extended Release 24 hr 18 mg Dispense: 30 (thirty) tablet Take 1 tab by mouth every morning for 30 days	
Patient Name: JOHN TESTPATIENT Address: 123 ABC STREET CLEVELAND OH 44130 Birthdate: 01/01/2006		Note to Pharmacist or Patient :	
Parents: SUSAN TESTPATIENT JOHN TESTPATIENT Home Tel: 216-555-1213    Day Tel:			
<b>Rx</b> # 493    Refills: 0 <b>Concerta Tablet, Extended Release 24 hr 18 mg</b> <b>Dispense: 30 (thirty) tablet</b> <b>Take 1 tab by mouth every morning for 30 days</b>			
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'd.a.w.' IN THE BOX BELOW			
<input type="checkbox"/> Dispense As Written			
printed 03/19/2016 12:47 PM			

## Overview

### Path: Clinical, Billing, or Practice Management tab > Patient Chart button > Medications

If a controlled substance is sent electronically and a copy is printed, the printed copy will have a watermark indicating it is not valid for dispensing. If a prescription for a controlled substance is not sent electronically but printed, it can only be printed once. All other copies will print with a watermark to show the prescription is not valid.

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3. Click on the **Medications** tab.
4. Click on the **New** button to prescribe a new medication.
5. In the **Drug** field, begin typing the medication name and click the **Ellipsis** button or press the **Enter** key.



Prescription: HEIDI TEST (265)

Allergies/ Reactions: **No active medication allergies or reactions**

Most recent weight: 27 lb 0 oz (12.2 kg) on 12/21/2020  
Most recent height: 33.0 in (83.8 cm) on 12/21/2020

Date: 12/22/2020 04:00 PM Prescriber: 353 Albert Davis

Purpose: Med - to dispense Supervisor:

Prescription Notes/Visibility Status

Primary DX:

Type: Standard Medication

**Drug:**

Type: Unknown RxNorm: NDC:

Formulary/cov limits:

Copays:

SIG:  Freeform  Formatted  Liquid

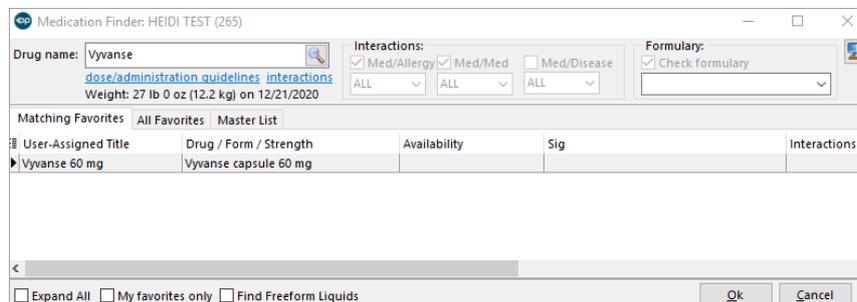
Action	Dose	lookup	Units	Route	Frequency

Maximum Daily Dose: (N/A) PRN as dir

Days supply: Disp #: Refills: Rx start date: 12/22/2020 Rx end date:

Links Add to Favorites Send Print Save Cancel

6. From the Medication Finder window, select the medication by double-clicking or clicking **OK**.



Medication Finder: HEIDI TEST (265)

Drug name: Vyvanse

Interactions:  Med/Allergy  Med/Med  Med/Disease

Formulary:  Check formulary

Weight: 27 lb 0 oz (12.2 kg) on 12/21/2020

User-Assigned Title	Drug / Form / Strength	Availability	Sig	Interactions
Vyvanse 60 mg	Vyvanse capsule 60 mg			

Expand All My favorites only Find Freeform Liquids OK Cancel

7. Verify the **Sig** is correct and enter **PMP Tracking#** if required.
8. Click the **Print** button. A print preview window opens. Print the medication script.

<b>Albert Davis, MD</b>	
555-555-1002	D.E.A. LIC # NPI# 123456
Date: <b>12/22/2020</b>	Patient Number: 265
Patient Name: <b>HEIDI TEST</b>	
Address: <b>334455 FIRST ST Bloomington IN 47404</b>	
Birthdate: <b>01/09/2019</b>	
Parents: <b>AMANDA TEST</b>	
Home Tel: 111-111-1111	Day Tel:
<b>Rx</b> # 838	Refills: 0
<b>Vyvanse capsule 60 mg</b> Dispense: 30 (thirty) capsule Take 1 cap by mouth every morning for 30 days	
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'd.a.w.' IN THE BOX BELOW	
<input type="checkbox"/> Dispense As Written	
printed 12/28/2020 01:16 PM	

**Copy of Prescription 12/22/20 # 838**

Vyvanse capsule 60 mg  
Dispense: 30 (thirty) capsule  
Take 1 cap by mouth every morning for 30 days

**Note to Pharmacist or Patient :**

9. On the medication list the medication will have a status of printed.

ePrescribing Center | Chart: HEIDI TEST (265)

**Medications** Affirm "No Meds" Mark Reviewed Print Med List Interactions Validate Med History Refresh

No privacy restrictions

Include confidential

CLINICAL

Clinical Overview  
Care Plans (6)  
Encounters (1)  
Well Visits (1)  
Medications

	New	Refill	Edit	Delete	Send	Print	Lexi		<input type="checkbox"/> Current meds only	<input checked="" type="checkbox"/> Extra notes	
	Start Date	Chronic	Status	Prescription	Refills	Days Supply	DAW	End Date	DX	-Prv-	Purpose
Category : Medication											
<input type="checkbox"/>	12/22/2020	N	PRINTED	Vyvanse capsule 60 mg Dispense: 30 (thirty)	0	30	N	01/21/2021		Albert I	Med - to
<input type="checkbox"/>	12/22/2020	N	ADDED	amoxicillin capsule 250 mg		0	N			Albert I	Med - adi

10. When re-printing a controlled substance a watermark will appear on the script. This indicates the script is not valid for dispensing.

1234 Main Street Anytown, XX 999991111	
202-321-1212	D.E.A. PR6474249
208000000X	LIC # NPI# 8554661248
Date: <b>03/19/2016</b>	Patient Number: 100
Patient Name: <b>JOHNI TESTPATIENT</b>	
Address: <b>123 ABC STREET CLEVELAND OH 44130</b>	
Birthdate: <b>01/01/2006</b>	
Parents: <b>SUSAN TESTPATIENT JOHN TESTPATIENT</b>	
Home Tel: 216-555-1213	Day Tel:
<b>Rx</b> # 493	Refills: 0
<b>Concerta Tablet, Extended Release 24 hr 18 mg</b> Dispense: 30 (thirty) tablet Take 1 tab by mouth every morning for 30 days	
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'd.a.w.' IN THE BOX BELOW	
<input type="checkbox"/> Dispense As Written	
printed 03/19/2016 12:47 PM	

**Copy of Prescription 03/19/16 # 493**

Concerta Tablet, Extended Release 24 hr 18 mg  
Dispense: 30 (thirty) tablet  
Take 1 tab by mouth every morning for 30 days

**Note to Pharmacist or Patient :**