



Why E-Prescribe Florida? Part-2 October 10, 2006

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Founding Chair of SHARP
www.SharpWorkGroup.com

Pocket_PC Currently Sharing

File Zoom Tools Help

PocketScript ↔ 🔊 3:40 ✕



Enter your User ID and Password

User ID:

Password:

OK

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File Help 🗣️

1

Prescriber Log-in

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 **PocketScript** 3:41

Patient: Four Test

Favorites: Select Favorite

FastRx: Select FastRx



Treatment: All *Allergies*

Include Inactive

Sort list by: Date


▲A 05/06/05: Lipitor - Qty:30 - Refills:
▲A 11/05/04: Amoxapine - Qty:10 - R
▶A 11/04/04: Augmentin - Qty:30 - R

Drug List Renew D/C Back
Colors? Cancel

File Tools Help Rx  

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 PocketScript 3:53

Patient: Four Test

Drug: **Cyproheptadine Hydrochloride** Ref

Preg: No evidence of risk in humans

Generic: Dose: **4 mg**

Quantity: D/C date:

Duration: Chronic Refills: 0



Inst: Take 1 tab(s) orally 3 times a day

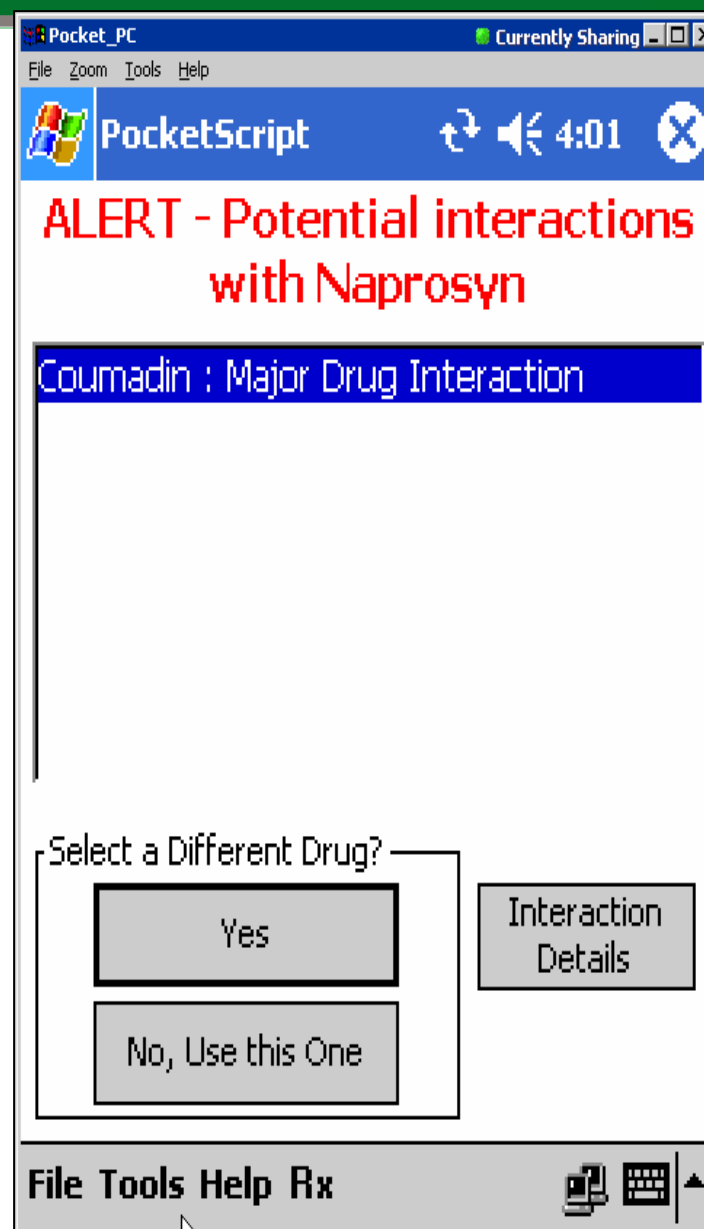
Pharm: ZZZ POCKETSCRIPT FAX-DO N

Pt Wgt: .0 LB Notes Mail Order

Favorite

Send Print Cancel FastRx

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Formulary Message

Allegra tablet - Non Formulary

Formulary Alternatives

Drug Name

- ▲ Clemastine Fumarate [G-clemastine]
- ▲ Cyproheptadine Hydrochloride [G-cy]
- ▲ DiphenhydrAMINE Hydrochloride [G]

Select

Prescribe Original Cancel Back

File Tools Help Rx

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Brands Dosing Clinical Information

Cyproheptadine Hydrochloride - Clinical

Lactation Major Lactation Warning (gene

Pharmacology

Pregnancy

Side Effects

Warning


There are no data on the excretion of cyproheptadine into human milk. The manufacturer recommends that due to the potential for serious adverse reactions in nursing infants, a decision should be made to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother.

Back

File Tools Help Rx

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 **PocketScript** ↻ 🔊 4:10 ✕



Patient Name: Four Test
Patient Weight: .0 LB
Drug: 10 MG of Lipitor (tablet)
Qty: 30 (Thirty)
Refills: 1 Generic: Yes
Pharmacy: ZZZ POCKETSCRIPT FAX

Sig:

Notes:

Print Patient Copy

Send

File Tools Help Rx   ▲

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eRx Ready To Submit

Result: A Simple 3 Step eRx Process

Enter your User ID and Password

User ID:

Password:

OK

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1 Prescriber Log-in

Patient: Four Test

Favorites:

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Treatment: *Allergies*

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Sort list by:

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Drug List Renew D/C Back
Colors? Cancel

2 eRx Decision Support

Patient: Four Test

Drug: Ref

Preg: No evidence of risk in humans

Generic: Dose:

Quantity: D/C date:

Duration: Refills:

Inst:

Pharm:

Pt Wgt: Notes Mail Order
Favorite

Send Print Cancel FastRx

Patient Name: Four Test
Patient Weight: 0 LB
Drug: 10 MG of Lipitor (tablet)
Qty: 30 (Thirty)
Refills: 1 Generic: Yes
Pharmacy: ZZZ POCKETSCRIPT FAX

Sig:

Notes:

Print Patient Copy

Send
Additional Send Change

3 eRx Summary