



This guide will demonstrate how to request a medication renewal from your patient portal and how to view the response from your provider or the provider’s team.

Please note the difference between **refills** and **renewals**:

When your provider writes a prescription, they will designate the number of **refills** that your pharmacy can give you. This can be found on your prescription label. A prescription *refill* is a new installment of your medication that the pharmacy can prepare for you, without contacting your provider. You can contact your pharmacy directly and they will prepare a *refill* for you.

When all of the refills have been used, you will then need a new prescription or prescription **renewal**. You can request a prescription *renewal* from your patient portal by clicking “Renew Medications”.

I. Submit a Medication Renewal Request.

1. Click “**Renew Medications**” from the top menu bar.



2. Select Your Medical Practice:

a. As needed, select “**Edward M. Kennedy Community Health Center**”.

1) Select Your Medical Practice

Select the medical practice that prescribed the medication you wish to renew.

*Practice:
 Edward M Kennedy Community Health Center

3. Select Medications:

- a. Click in the box next to the medication(s) you are requesting to be renewed, to check it off.
 - i. You can select multiple medications in 1 request.
- b. Click **"Select"**.

2) Select Medications
Select the medication you wish to renew.

You currently have no medications selected for renewal, click the [Select different medications](#) link to choose the medication(s). [Print Medications](#)

Check the box next to all medication(s) you would like to have renewed and click the submit button. If you do not see your medication(s) listed, please contact your practice using the secure messaging functionality.

Display any inactive medications that may be available for renewal.

	Prescription Name	Dose	Description	Start Date	Stop Date
<input checked="" type="checkbox"/>	LISINOPRIL lisinopril	10 MG	take 1 tablet by oral route every day	11/24/2015	
<input type="checkbox"/>	CELEXA citalopram hydrobromide	20 MG	take 1 tablet by oral route every day		
<input checked="" type="checkbox"/>	TYLENOL EXTRA STRENGTH acetaminophen	500 MG	take 2 tablet by oral route every 4 - 6 hours as needed not to exceed 8 tablets per 24hrs	12/1/2017	

-Indicates an inactive medication due to it being expired. This is where the end date of the medication is prior to today's date.

Select **Cancel**

4. Select Pharmacy:

- a. Your default pharmacy should be selected.
- b. If needed, you can change the pharmacy by clicking **"Select different pharmacy"**.
 - i. You can search for pharmacies by name, address and/or zip codes.
 - ii. Click in the circle to the left of the pharmacy name to select it.
 - iii. Click **"Select"**.

3) Select Pharmacy
Select the pharmacy you wish to handle the refill.

Selected Pharmacy:

a. Pharmacy Name: EMKCHC Pharmacy
Address: 19 Tacoma Street
Worcester, MA 01605
Phone Number: (508) 854-2128
Fax Number: (508) 595-1127

[Select different pharmacy](#) **b.**

Pharmacy search: **i.** **Search** **Add New**

The list of matching pharmacies returned by this search has been limited to about 100 records, Please refine your search criteria for a closer match. If you do not see your pharmacy in the list, click the 'Add New' button to add your specific pharmacy.

- Indicates a pharmacy that can be modified

Search Results (100 record returned)

<input checked="" type="radio"/> ii.	EMKCHC Pharmacy	19 Tacoma Street Worcester, MA 01605	(508) 854-2128	<input type="checkbox"/>
---	-----------------	---	----------------	--------------------------

Set as your NextGen Patient Portal preferred pharmacy

iii. Select **Cancel**

5. Submit Renewal:

- a. Reason:**
 - i. Select a reason from the drop-down box.**
- b. Send To:**
 - i. Select your primary care provider.**
- c. Comments:**
 - i. You can add additional information here (optional).**

4) Submit Renewal
Select Reason and Provider for this medication refill.

***Reason:** Medication Renewal Request

***Send to:** Hernandez Itriago, Pablo

Comments: I am travelling and chose a different pharmacy.

Maximum length: 500 characters

Please allow up to 72 hours for processing.
*Disclaimer: If this is a true medical emergency please contact your Emergency Medical Services (911). If you wish to be seen by one of our doctors because you are sick (for a non-emergency issue), please call our main number 800-853-2288.

[Submit](#)

6. Click "Submit".

Renew Medications

Your medication renewal request has been successfully submitted.

I. Receiving a response to your request

When we respond to your request, you will receive an email* from Edward M. Kennedy Community Health Center informing you there is a response in the portal.

**Note: If you opted to not receive notifications or to not provide an e-mail, you will not get this alert.*



Edward M Kennedy Community Health Center <noreply@kennedychc.org>
Patient Portal Medication Renewal Response






**EDWARD M.
KENNEDY
COMMUNITY
HEALTH CENTER**

Patient Portal Medication Renewal Response

To: Test

This email is to notify you that a response to your medication renewal request has been sent by the staff at Edward M Kennedy Community Health Center . At your earliest convenience please log on to your account to review this information.

1. Login to your Patient Portal.
2. Click on the medication message in your **Inbox**.
3. The top portion of the message will show your original request.
If your provider or someone on their team typed a message for you, it will be displayed in the section named "Response from practice".
4. The lower section will show you if the provider has approved or denied the medication renewal requests.
 - a. If multiple medications were selected, it is possible that the provider approved some and denied others.
5. If approved, you can contact your pharmacy to pick up your medications.

 [Back to Inbox](#) |
  [Remove](#) |
  [Print](#)

This Medication Renewal is Complete

Patient Name: HIETest Patient123
Pharmacy: EMKCHC Pharmacy
 19 Tacoma Street
 Worcester, MA 01605
 (508) 854-2128
 (508) 595-1127

Request sent: Fri 4/26/2019 3:39:13 PM GMT
Reason for request: I am traveling and chose a different pharmacy.
Response received: Fri 4/26/2019 3:40:00 PM GMT

Response from practice: Dear HIETest Patient123,
3. This prescription request was not renewed. Please schedule an appointment with your provider to discuss further.
 For non-urgent appointments, requests can be made right from your patient portal account.
 Thank you,
 Edward M Kennedy Community Health Center

Medication(s) Requested

4.

Status	Prescription	Dose	Route	Description
Rejected	LISINOPRIL	10 MG	TABLET	take 1 tablet by oral route every day
Rejected	TYLENOL EXTRA STRENGTH	500 MG	TABLET	take 2 tablet by oral route every 4 - 6 hours as needed not to exceed 8 tablets per 24hrs

For additional assistance, visit <https://www.nextmd.com/OnlineHelp> or contact us at 508-595-0727.