

Create Prescription



Course Overview

Prescriptions are used in CorrecTek to order medications for a patient. They include medication instructions, administration patterns and pharmacy details. While prescriptions are often created during a workflow, there are times when one must be entered manually.

This guide walks you through how to create a prescription outside of a workflow.

Use This Guide When

- Starting a new prescription outside of a workflow
- Creating a discharge medication
- Entering a verbal order
- Needing a refresher on the prescription screen

What You'll Be Able to Do

- Create a new prescription outside of a workflow
- Enter and configure medication details
- Assign a pattern and duration
- Send and save the prescription

Create Prescription



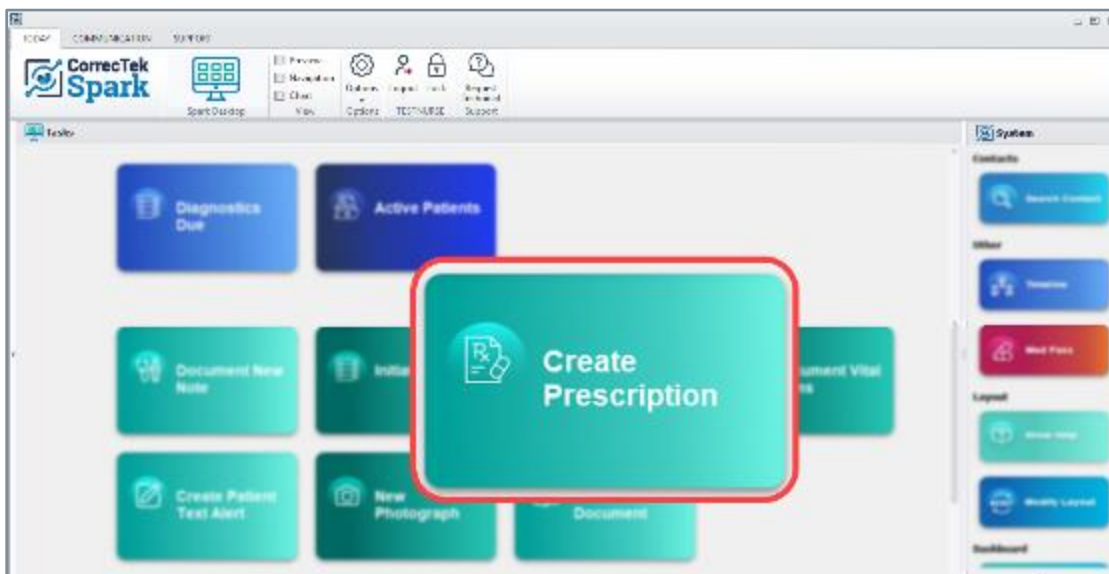
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Create Prescription

Spark Desktop

From the CorrecTek Spark desktop, click **Create Prescription**.



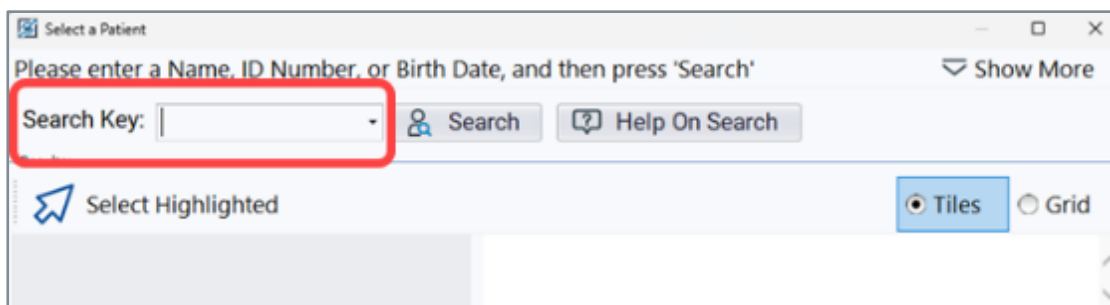
Select a Patient Screen

Once initiated, the Select a Patient dialog box opens to search for a patient.

Search Patient

Use the **Search Key** field to type identifiable information to locate a patient. Then, click **Search**.

| Tip: Identifiable information could include first and/or last name, ID number, or DOB.

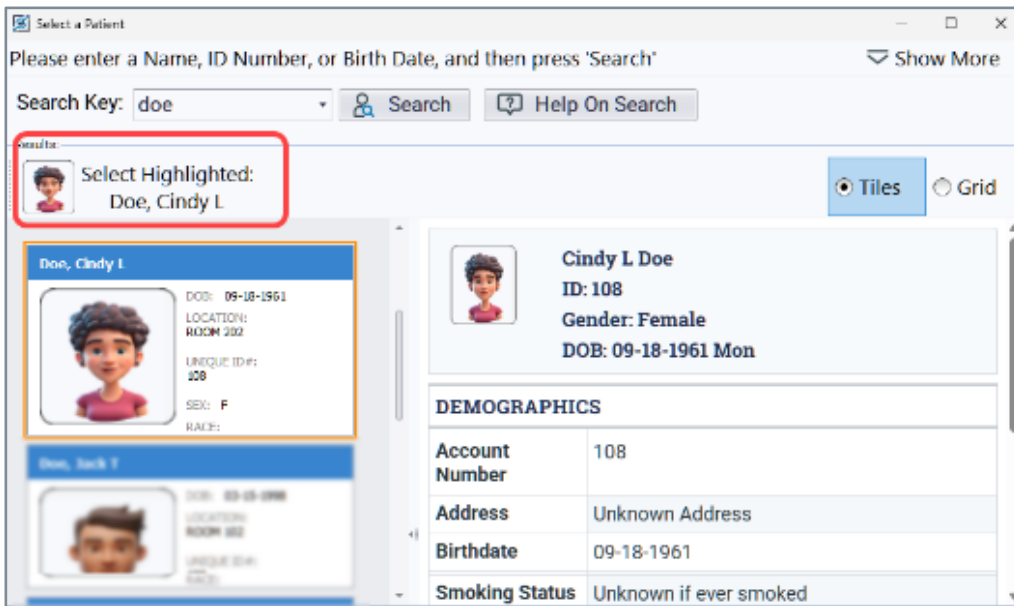


Create Prescription

Select Patient

Locate and select the correct patient in the search results. Click **Select Highlighted** to open the Prescription Screen.

| Tip: Demographic and Contact Information displays to the right when a patient is highlighted.



Select a Patient

Please enter a Name, ID Number, or Birth Date, and then press 'Search' Show More

Search Key: Search Help On Search

Results:

Select Highlighted:
Doe, Cindy L

Doe, Cindy L

DOB: 09-18-1961
LOCATION: ROOM 202
UNIQUE ID#: 108
SEX: F
RACE:

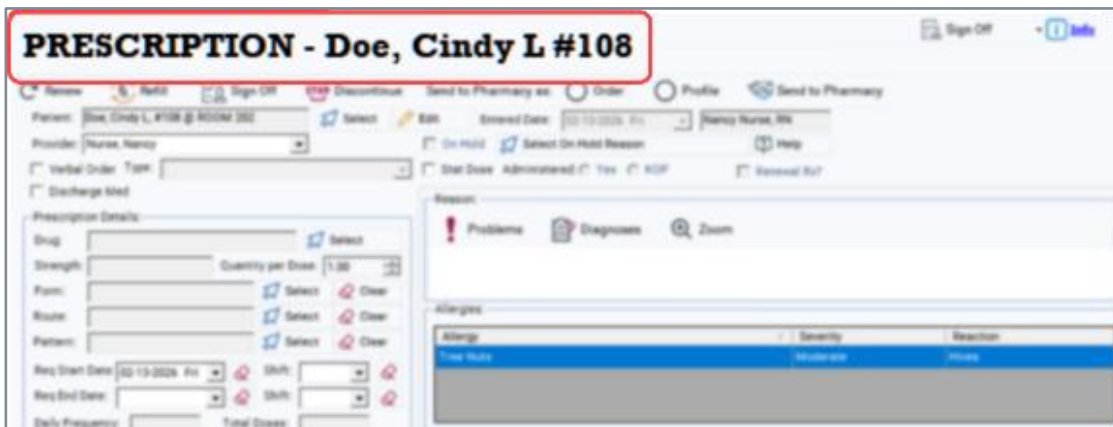
Cindy L Doe
ID: 108
Gender: Female
DOB: 09-18-1961 Mon

DEMOGRAPHICS

Account Number	108
Address	Unknown Address
Birthdate	09-18-1961
Smoking Status	Unknown if ever smoked

Prescription Screen

After selecting a patient, the Prescription Screen prepopulates with the type of entry being created and the patient's name.



PRESCRIPTION - Doe, Cindy L #108

Review Refill Sign Off Discontinue Send to Pharmacy as: Order Profile Send to Pharmacy

Patient: Select Edit Entered Date: 10-10-2024 Plan: Nurse, RN

Provider: Select On Hold Select On Hold Reason Help

☐ Verbal Order Term Start Date Administered ☐ Yes ☐ No Renewal Ref

☐ Discharge Med

Prescription Details

Drug: Select

Strength: Select

Quantity per Dose: Select

Form: Select Clear

Route: Select Clear

Pattern: Select Clear

Req Start Date: Shift Shift

Req End Date: Shift Shift

Daily Frequency: Total Doses

Reason

Problems Diagnosis Zoom

Allergies

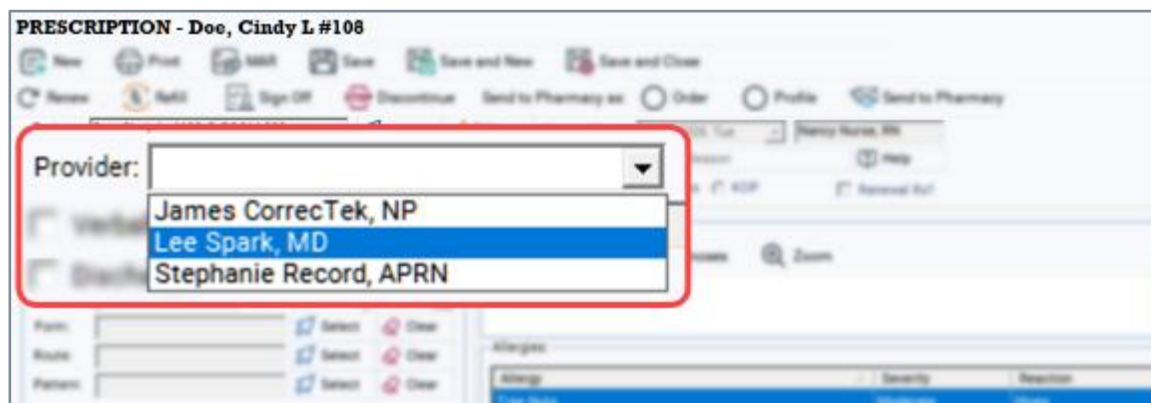
Allergy	Severity	Reaction
Tree Nuts	Moderate	Itching

Create Prescription

The **Provider** field defaults to the user logged in to the system.

Use the **drop-down arrow** to select the ordering provider.

| Tip: This field may be blank for non-prescribers.

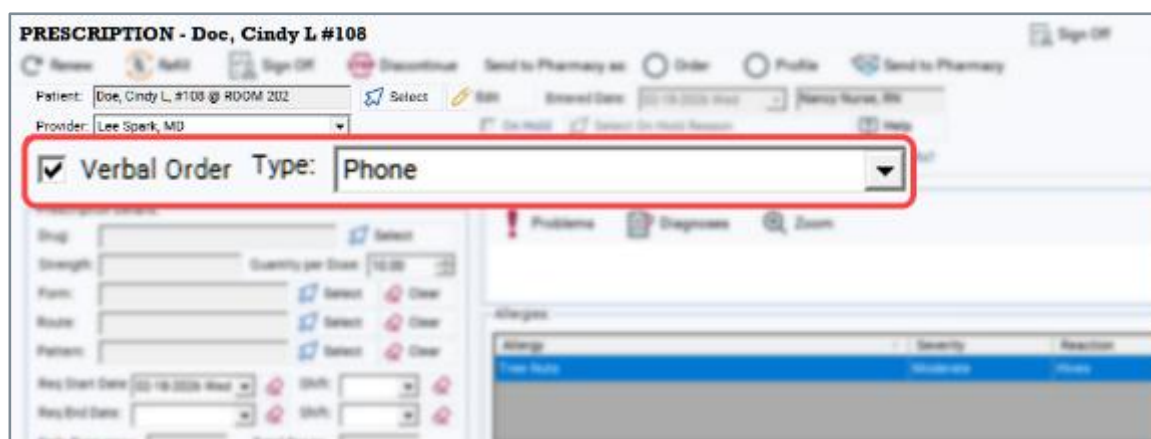


The screenshot shows the 'PRESCRIPTION - Doe, Cindy L #108' form. A red box highlights the 'Provider:' dropdown menu, which is open and showing three options: 'James CorrecTek, NP', 'Lee Spark, MD' (selected), and 'Stephanie Record, APRN'. The form also includes fields for 'Form', 'Route', and 'Patient', each with a 'Select' button and a 'Clear' button. There are also 'Allergies' and 'Reactions' sections at the bottom.

Verbal Order

Check **Verbal Order** when the order is based on verbal or administrative instruction from a provider.

Then use the **Type** drop-down to choose the appropriate verbal order type.

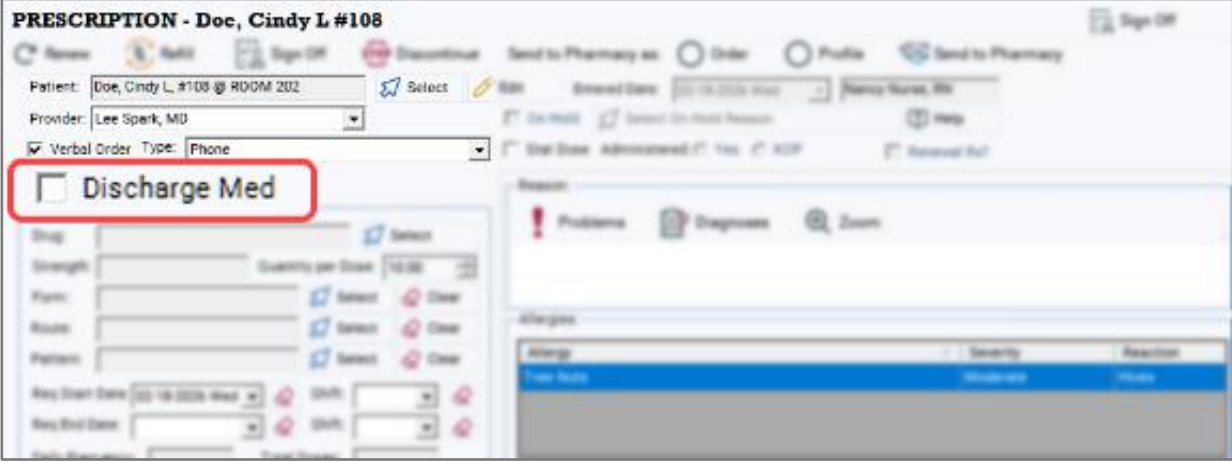


The screenshot shows the 'PRESCRIPTION - Doe, Cindy L #108' form. A red box highlights the 'Verbal Order' checkbox, which is checked, and the 'Type:' dropdown menu, which is set to 'Phone'. The form also includes fields for 'Patient', 'Provider', 'Drug', 'Strength', 'Quantity per Dose', 'Form', 'Route', and 'Patient', each with a 'Select' button and a 'Clear' button. There are also 'Allergies' and 'Reactions' sections at the bottom.

Discharge Med

If the prescription is being created for a patient who will be discharged, check **Discharge Med**.

Create Prescription



PRESCRIPTION - Doc, Cindy L #108

Sign Off | Send to Pharmacy as: Order | Profile | Send to Pharmacy

Patient: Doe, Cindy L, #108 @ ROOM 202 | Select | Edit | Entered Date: 02-18-2026 Wed | Nurse Name, RN

Provider: Lee Spink, MD | Go Med | Select Go Med Reason | Help

Verbal Order Type: Phone | Discharge Med: ☐ | Discharge Med

Drug: | Strength: | Quantity per Dose: 10.00 | Select | Clear

Form: | Select | Clear

Route: | Select | Clear

Pharm: | Select | Clear

Req Start Date: 02-18-2026 Wed | Shift: | |

Req End Date: | Shift: | |

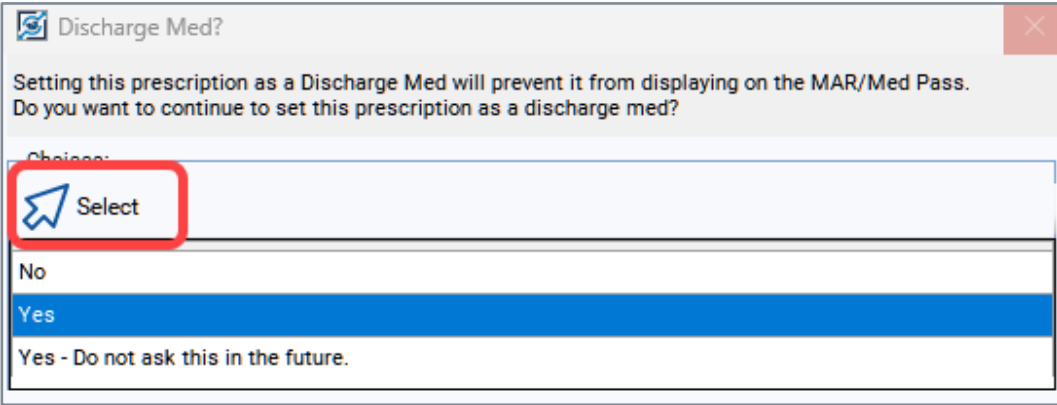
Reason: Problems | Diagnosis | Zoom

Alerts:

Alert	Severity	Reaction
True Note	Warning	None

After selecting Discharge Med, review the warning message, select the appropriate response, then click **Select**.

| Tip: Discharge meds do not appear on the patient's MAR or Med Pass. Only use this option for medications the patient will need after leaving the facility.



Discharge Med?

Setting this prescription as a Discharge Med will prevent it from displaying on the MAR/Med Pass. Do you want to continue to set this prescription as a discharge med?

Choices:

Select

No

Yes

Yes - Do not ask this in the future.

Prescription Details

Drug

In the Prescription Details section, click **Select** next to Drug.

Create Prescription

PRESCRIPTION - Doe, Cindy L #108

Sign Off

New Print MAR Save Save and New Save and Close

Review Refill Sign Off Discontinue Send to Pharmacy as: Order Profile Send to Pharmacy

Patient: Doe, Cindy L, #108 @ ROOM 202 Select Edit Entered Date: 02-13-2026 By: Nancy Nurse, RN

Provider: Lee Spark, MD On Hold Select On Hold Reason Help

☒ Verbal Order Type: Phone Use Date Administered: Yes KOP Remove Ref

☒ Discharge Med - This rx will not display on the MAR/Med Pass.

Prescription Details:

Drug: Select

Route: Select Clear

Regimen: Select Clear

Req Start Date: 02-13-2026 By: Shift: Req End Date: Shift: Daily Frequency: Total Doses:

Alerts

Alert	Severity	Reaction
True Alert	Moderate	Urgent

The Prescription Dictionary screen opens.

In the **Search Key** field, type the medication name. Results narrow as you type.

Highlight the correct medication, then click **Select**.

Select Prescription Dictionary Entry

Search Key: metf Search On: All Sort By: Drug Show: ☐ Common CPOCRATES ONLINE

Categories: <ALL> <ALL> <ALL> AND

Search Results:

Select Add

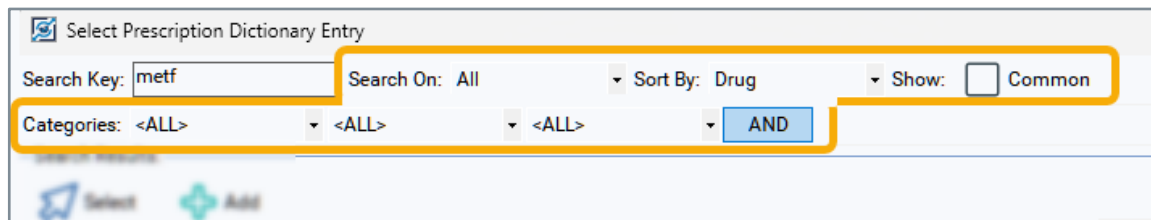
Description	Drug	Strength	NDC	Brand Name	Directions	Number
metformin 1,000 mg tablet	metformin 1,000 mg tablet	1,000 mg	71717010611			
metformin 625 mg tablet	metformin 625 mg tablet	625 mg	72336006430			
METFORMIN 750 MG	METFORMIN 750 MG	750 MG	000111222333			
metformin 850 mg tablet	metformin 850 mg tablet	850 mg	83301000903			

Narrow the Results (Optional)

To refine your search results further, use the options at the top of the Prescription Dictionary.

- **Search On** – Changes how the system searches, e.g., by drug or description.
- **Sort By** – Changes how the results are sorted.
- **Common** – Displays medications marked as commonly prescribed at the facility.
- **Categories** – Filters medications by category, e.g., formulary or non-formulary.

Create Prescription

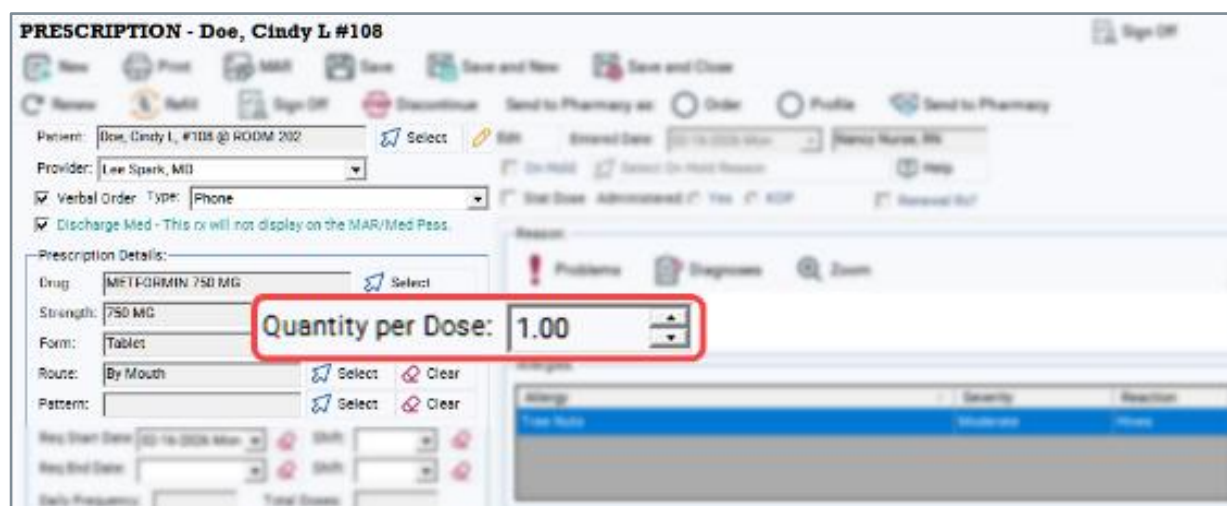


Quantity per Dose

After selecting the medication, the **Quantity per Dose** field populates with a default value of 1.

If needed, adjust the quantity using the arrows or by typing directly in the field.

For a partial dose (e.g., 0.5 tablet), type the exact value.



Form and Route

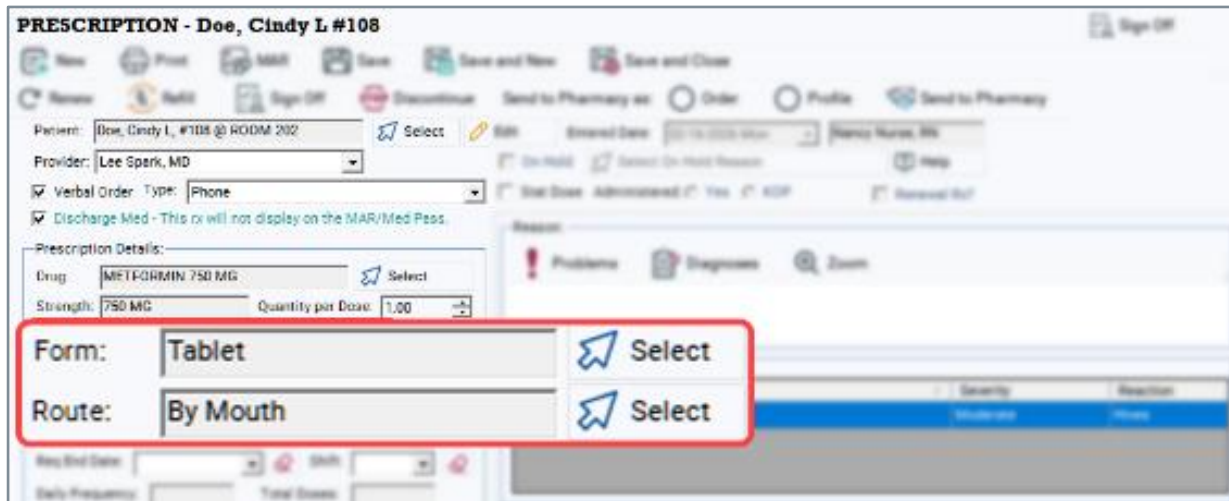
The **Form** field identifies the physical form of the medication (e.g., tablet or liquid).

The **Route** field identifies how the medication is administered (e.g., oral or topical).

These fields populate based on information provided by the pharmacy.

If either needs to be changed, click **Select** next to the field you want to update.

Create Prescription



PRESCRIPTION - Doe, Cindy L #108

Sign Off

New Print Mail Save Save and New Save and Close

Review Hold Sign Off Discontinue Send to Pharmacy via Order Profile Send to Pharmacy

Patient: Doe, Cindy L, #108 @ ROOM 202 Select Edit Entered Date: 05/15/2025 10:00 AM Nurse Name: RN

Provider: Lee Spark, MD On Hold Select On Hold Reason Help

☒ Verbal Order Type: Phone Start Date: Administered: ☐ Yes ☐ No ☐ KIDP ☐ Renewed Ref

☒ Discharge Med - This rx will not display on the MAR/Med Pass

Prescription Details:

Drug: METFORMIN 750 MG Select

Strength: 750 MG Quantity per Dose: 1.00

Form: Tablet Select

Route: By Mouth Select

Key End Date Shift

Daily Frequency Total Doses

Reason: Problems Diagnosis Zoom

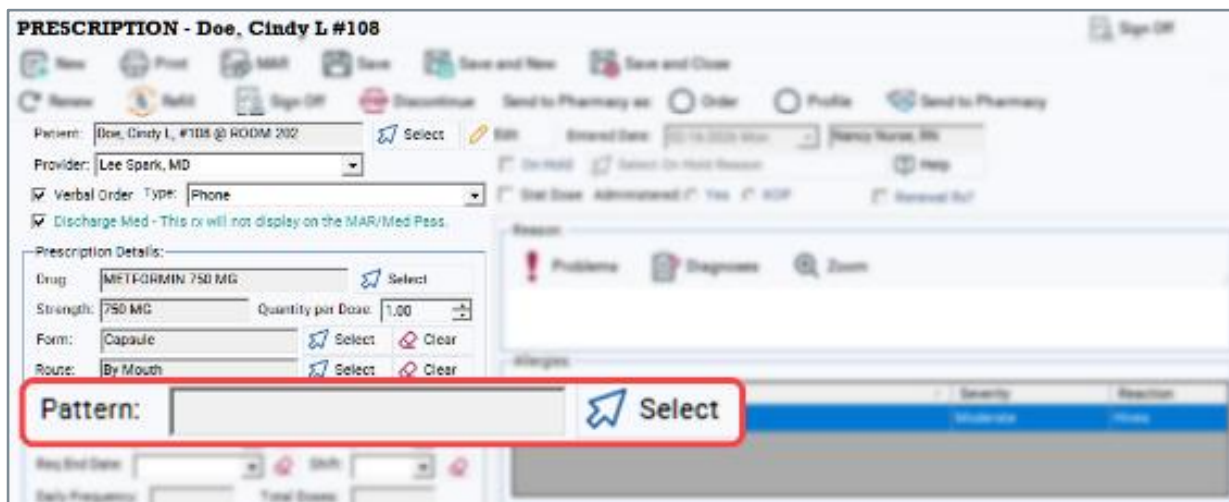
Security Reaction

Medication Phone

Pattern

The Pattern field determines how often the medication is administered via the Med Pass.

To assign one, click **Select** next to the field.



PRESCRIPTION - Doe, Cindy L #108

Sign Off

New Print Mail Save Save and New Save and Close

Review Hold Sign Off Discontinue Send to Pharmacy via Order Profile Send to Pharmacy

Patient: Doe, Cindy L, #108 @ ROOM 202 Select Edit Entered Date: 05/15/2025 10:00 AM Nurse Name: RN

Provider: Lee Spark, MD On Hold Select On Hold Reason Help

☒ Verbal Order Type: Phone Start Date: Administered: ☐ Yes ☐ No ☐ KIDP ☐ Renewed Ref

☒ Discharge Med - This rx will not display on the MAR/Med Pass

Prescription Details:

Drug: METFORMIN 750 MG Select

Strength: 750 MG Quantity per Dose: 1.00

Form: Capsule Select Clear

Route: By Mouth Select Clear

Pattern: Select

Key End Date Shift

Daily Frequency Total Doses

Reason: Problems Diagnosis Zoom

Security Reaction

Medication Phone

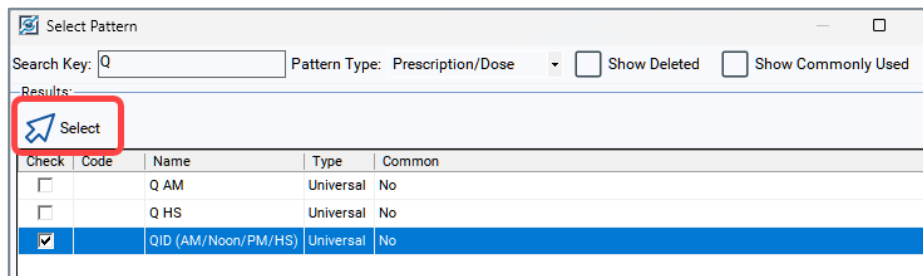
The Administration Pattern dialog box opens.

In the **Search Key** field, type the pattern name. Results narrow as you type.

Highlight the correct pattern, then click **Select**.

Tip: Common patterns include Once a Day (Q), Twice a Day (BID), Three Times a Day (TID), and Four Time a Day (QID).

Create Prescription



Select Pattern

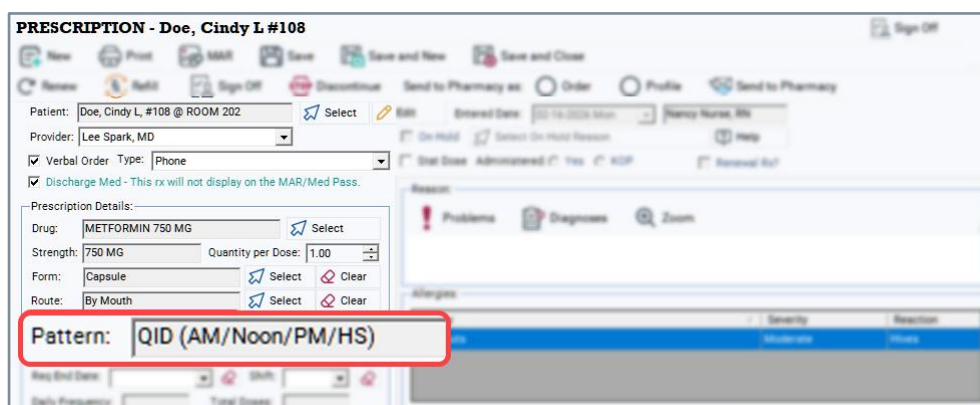
Search Key: Q Pattern Type: Prescription/Dose ☐ Show Deleted ☐ Show Commonly Used

Results:

Select

Check	Code	Name	Type	Common
☐		Q AM	Universal	No
☐		Q HS	Universal	No
☒		QID (AM/Noon/PM/HS)	Universal	No

The selected pattern is displayed in the Pattern field.



PRESCRIPTION - Doe, Cindy L #108

Patient: Doe, Cindy L, #108 @ ROOM 202 Select Edit Entered Date: 02-16-2026 Mon Nancy Nurse, RN

Provider: Lee Spark, MD

☒ Verbal Order Type: Phone ☐ On Hold ☒ Select On Hold Reason ☐ Help

☒ Discharge Med - This rx will not display on the MAR/Med Pass. ☐ Stop Date Administered: Yes ☐ ROP ☐ Renewal Ref

Prescription Details:

Drug: METFORMIN 750 MG Select

Strength: 750 MG Quantity per Dose: 1.00

Form: Capsule Select Clear

Route: By Mouth Select Clear

Pattern: QID (AM/Noon/PM/HS)

Req End Date: Daily Frequency: Total Doses:

Reason: Problems Diagnoses Zoom

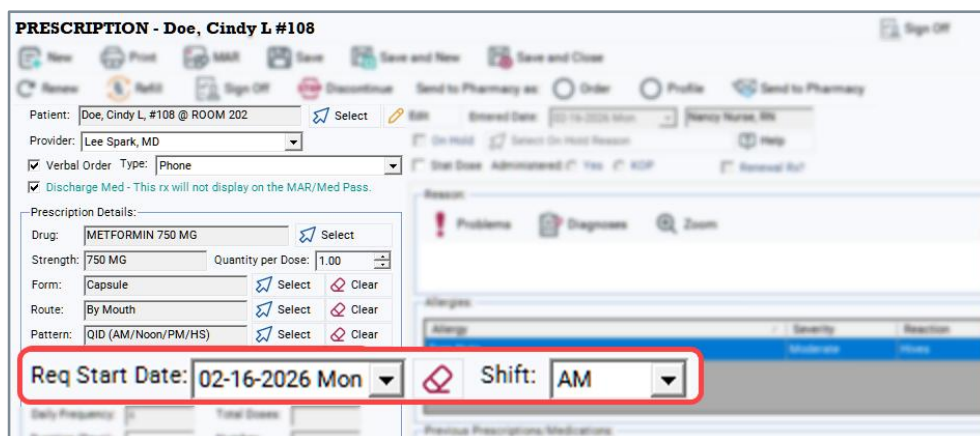
Allergies: Severity Reaction Moderate Moderate

| Tip: For insulin prescriptions, select a pattern that begins with **BS** (Blood Sugar).

| Tip: If the required pattern is not available, contact your Administrator.

Requested Start Date and Shift

Use the drop-down arrow next to **Req Start Date** and **Shift** to change when the prescription begins.



PRESCRIPTION - Doe, Cindy L #108

Patient: Doe, Cindy L, #108 @ ROOM 202 Select Edit Entered Date: 02-16-2026 Mon Nancy Nurse, RN

Provider: Lee Spark, MD

☒ Verbal Order Type: Phone ☐ On Hold ☒ Select On Hold Reason ☐ Help

☒ Discharge Med - This rx will not display on the MAR/Med Pass. ☐ Stop Date Administered: Yes ☐ ROP ☐ Renewal Ref

Prescription Details:

Drug: METFORMIN 750 MG Select

Strength: 750 MG Quantity per Dose: 1.00

Form: Capsule Select Clear

Route: By Mouth Select Clear

Pattern: QID (AM/Noon/PM/HS) Select Clear

Req Start Date: 02-16-2026 Mon Shift: AM

Daily Frequency: Total Doses: Previous Prescriptions/Medications

Reason: Problems Diagnoses Zoom

Allergies: Severity Reaction Moderate Moderate

| Tip: Req End Date remains blank until a duration is entered.

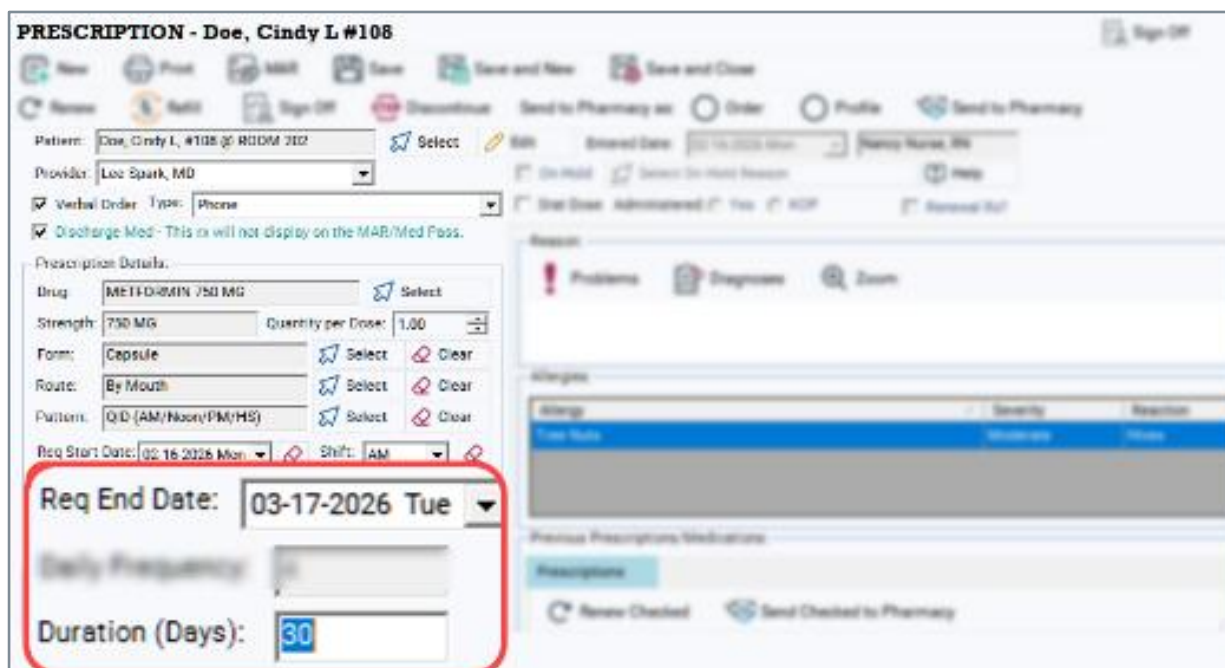
Create Prescription

Duration

If the selected Pattern includes a duration, the **Duration** field populates automatically.

If the field does not populate, enter the number of days the medication should be administered.

If the prescriber provides a specific end date, select it using the drop-down arrows next to the **Requested End Date** field.



PRESCRIPTION - Doe, Cindy L #108

Sign Off

New Print Add Save Save and New Save and Close

Remove Edit Sign Off Discontinue Send to Pharmacy as Order Profile Send to Pharmacy

Patient: Doe, Cindy L, #108 (0 RUDM 302) Select Edit Entered Date: 03/16/2026 Mon Nancy Marie, RN

Provider: Lee Spark, MD On Hold Select On Hold Reason Help

☒ Verbal Order Type: Phone ☐ Discharge Administered ☐ Yes ☐ No ☐ Remove All

☒ Discharge Med - This will not display on the MAR/Med Pass.

Prescription Details:

Drug: METFORMIN 750 MG Select

Strength: 750 MG Quantity per Dose: 1.00

Form: Capsule Select Clear

Route: By Mouth Select Clear

Pattern: QID (AM/Noon/PM/HS) Select Clear

Req Start Date: 03/16/2026 Mon Shift: AM

Req End Date: 03-17-2026 Tue

Daily Frequency: 1

Duration (Days): 30

Reason: Problems Progression Zoom

Allegria

Allegria	Severity	Reaction
03/16/2026	03/16/2026	03/16/2026

Previous Prescriptions/Medications

Prescriptions

Review Checked Send Checked to Pharmacy

The End Date calculates automatically based on the selected Start Date and Duration.

| Tip: Total Doses and Number are populated based on the Pattern and Duration.

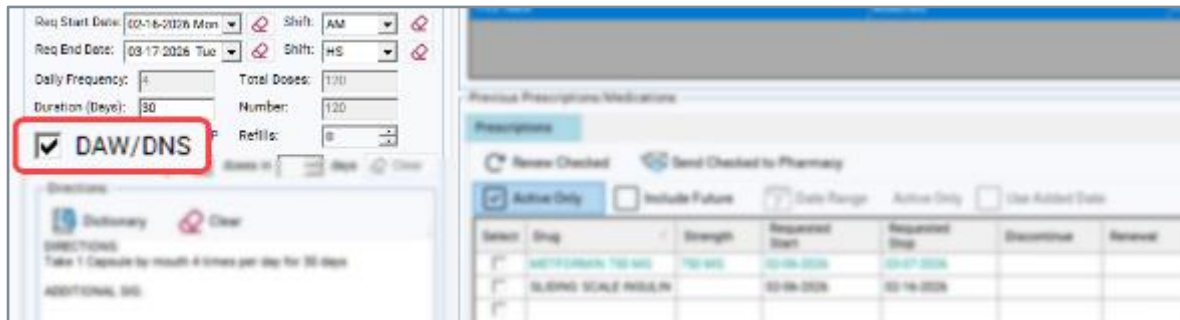
Dispensing Options

Use the dispensing options to control how the medication is supplied and administered.

Dispense as Written/Do Not Substitute

If the medication must be dispensed exactly as prescribed, select **DAW/DNS**.

Create Prescription

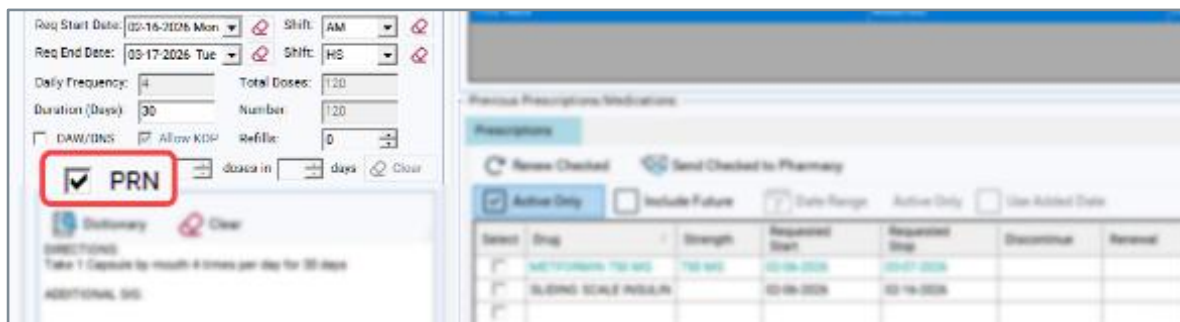


Req Start Date: 02-16-2026 Mon Shift: AM
Req End Date: 03-17-2026 Tue Shift: HS
Daily Frequency: 4 Total Doses: 120
Duration (Days): 30 Number: 120
Refills: 0
☒ **DAW/DNS**
Directions: Take 1 Capsule by mouth 4 times per day for 30 days
ADDITIONAL SIG:

Select	Drug	Strength	Requested Start	Requested Stop	Discontinue	Renewal
☐	METFORMIN HCL TAB	750 MG	02-16-2026	03-07-2026		
☐	SLENNING SCALE INSULIN		02-16-2026	03-16-2026		

Dispense as Needed (PRN)

If the medication should be administered as needed, select **PRN**.

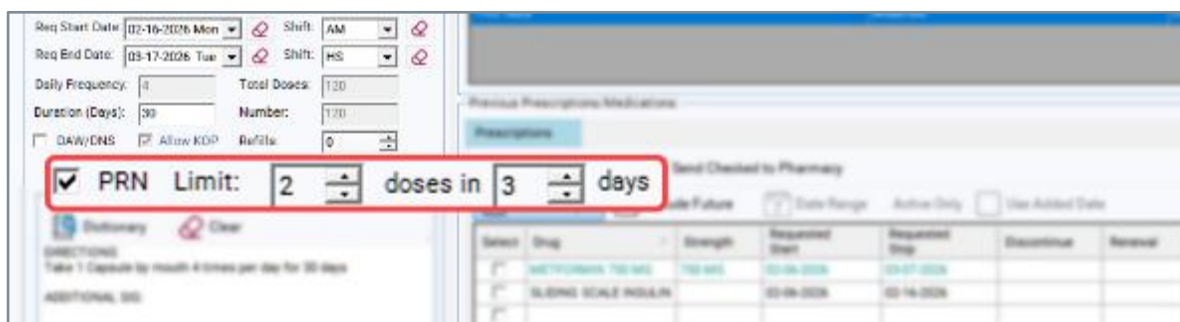


Req Start Date: 02-16-2026 Mon Shift: AM
Req End Date: 03-17-2026 Tue Shift: HS
Daily Frequency: 4 Total Doses: 120
Duration (Days): 30 Number: 120
Refills: 0
☒ **PRN**
Directions: Take 1 Capsule by mouth 4 times per day for 30 days
ADDITIONAL SIG:

Select	Drug	Strength	Requested Start	Requested Stop	Discontinue	Renewal
☐	METFORMIN HCL TAB	750 MG	02-16-2026	03-07-2026		
☐	SLENNING SCALE INSULIN		02-16-2026	03-16-2026		

Limit Doses

To limit the number of PRN doses, enter the allowed number of doses and the time frame based on the prescriber's instructions.



Req Start Date: 02-16-2026 Mon Shift: AM
Req End Date: 03-17-2026 Tue Shift: HS
Daily Frequency: 4 Total Doses: 120
Duration (Days): 30 Number: 120
Refills: 0
☒ **PRN Limit: 2 doses in 3 days**
Directions: Take 1 Capsule by mouth 4 times per day for 30 days
ADDITIONAL SIG:

Select	Drug	Strength	Requested Start	Requested Stop	Discontinue	Renewal
☐	METFORMIN HCL TAB	750 MG	02-16-2026	03-07-2026		
☐	SLENNING SCALE INSULIN		02-16-2026	03-16-2026		

Directions

The **Directions** field populates automatically based on the information entered for the prescription.

The text displays on the patient's MAR and Med Pass.

If needed, you can type additional instructions directly in the field.

Create Prescription

PRESCRIPTION - Doe, Cindy L #108

Patient: Doe, Cindy L, #108 @ ROOM 202 Entered Date: 02-16-2026 Mon

Provider: Lee Spark, MD

☒ Verbal Order Type: Phone Administered ☐ Yes ☐ No

☒ Discharge Med - This rx will not display on the MAR/Med Pass.

Prescription Details:

Drug: METFORMIN 750 MG

Strength: 750 MG Quantity per Dose: 1.00

Form: Capsule

Route: By Mouth

Pattern: QID (AM/Noon/PM/HS)

Req Start Date: 02-16-2026 Mon AM

Req End Date: 02-17-2026 Tue HS

Daily Frequency: 4 Total Doses: 120

Duration (Days): 30 Number: 120

☐ CAM/DNS ☒ Allow KOP Refills: 0

☒ PSN Limit: doses in days

Directions:

DIRECTIONS:
Take 1 Capsule by mouth 4 times per day for 30 days as needed

ADDITIONAL SIG:

INTERNAL COMMENTS:

Reason

To associate a reason with the prescription, use Problems or Diagnoses.

If a medication is being prescribed for an existing patient problem, click **Problems**.

PRESCRIPTION - Doe, Cindy L #108

Patient: Doe, Cindy L, #108 @ ROOM 202 Entered Date: 02-16-2026 Mon

Provider: Lee Spark, MD

☒ Verbal Order Type: Phone Administered ☐ Yes ☐ No

☒ Discharge Med - This rx will not display on the MAR/Med Pass.

Prescription Details:

Drug: METFORMIN 750 MG

Strength: 750 MG Quantity per Dose: 1.00

Form: Capsule

Route: By Mouth

Pattern: QID (AM/Noon/PM/HS)

Req Start Date: 02-16-2026 Mon AM

Req End Date: 02-17-2026 Tue HS

Daily Frequency: 4 Total Doses: 120

Duration (Days): 30 Number: 120

☐ CAM/DNS ☒ Allow KOP Refills: 0

☒ PSN Limit: doses in days

Directions:

DIRECTIONS:
Take 1 Capsule by mouth 4 times per day for 30 days as needed

ADDITIONAL SIG:

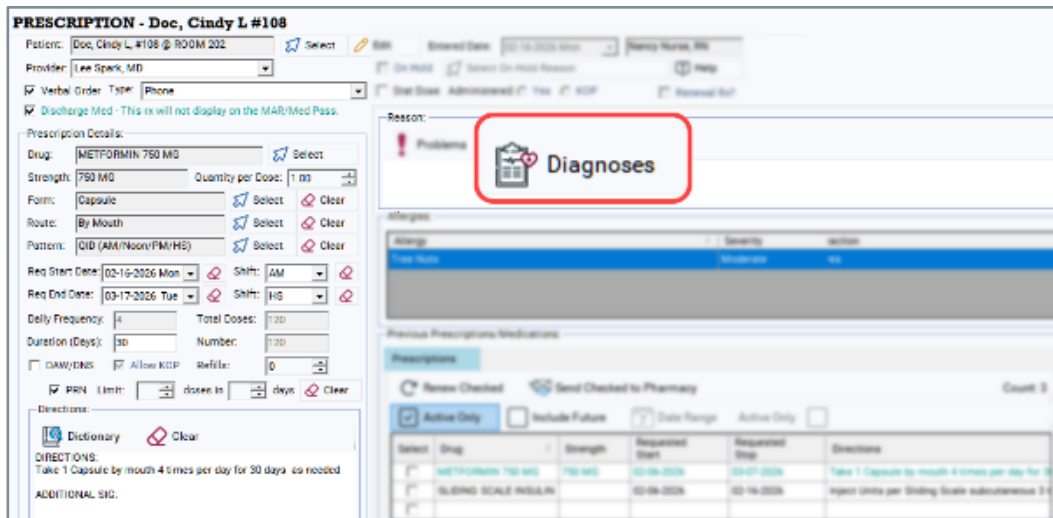
Reason: **Problems**

Select the applicable problem, then click **Save and Close**.

Create Prescription

When prompted, choose how the problem should display in the Reason field (code, description or both), then click **Select**.

If the reason is not listed in the patient's current problems, click **Diagnoses**.



PRESCRIPTION - Doc, Cindy L #108

Patient: Doc, Cindy L, #108 @ ROOM 202 Select Edit Entered Date: 03-16-2026 Mon History Notes

Provider: Leo Spark, MD Select On Hold Select On Hold Reason Help

☒ Verbal Order Type: Phone Select Clear

☒ Discharge Med - This rx will not display on the MAR/Med Pass. Select Clear

Prescription Details:

Drug: METFORMIN 750 MG Select

Strength: 750 MG Quantity per Dose: 1.00 Select Clear

Form: Capsule Select Clear

Route: By Mouth Select Clear

Pattern: QID (AM/Noon/PM/HS) Select Clear

Req Start Date: 03-16-2026 Mon Select Clear Shift: AM Select Clear

Req End Date: 03-17-2026 Tue Select Clear Shift: HS Select Clear

Daily Frequency: 4 Total Doses: 120

Duration (Days): 30 Number: 120

☐ DAW/DNS ☒ Allow KOP Refills: 0 Select Clear

☒ PRN Limit: Select Clear doses in Select Clear days Select Clear

Directions:

Select Clear

DIRECTIONS:

Take 1 Capsule by mouth 4 times per day for 30 days as needed

ADDITIONAL SIG:

Reason: Problems Diagnoses Search

Diagnoses

Previous Prescriptions/ Medications

Prescriptions

☒ Review Checked ☒ Send Checked to Pharmacy Count: 3

☒ Active Only ☐ Include Future ☐ Date Range: Select Clear ☐ Active Only

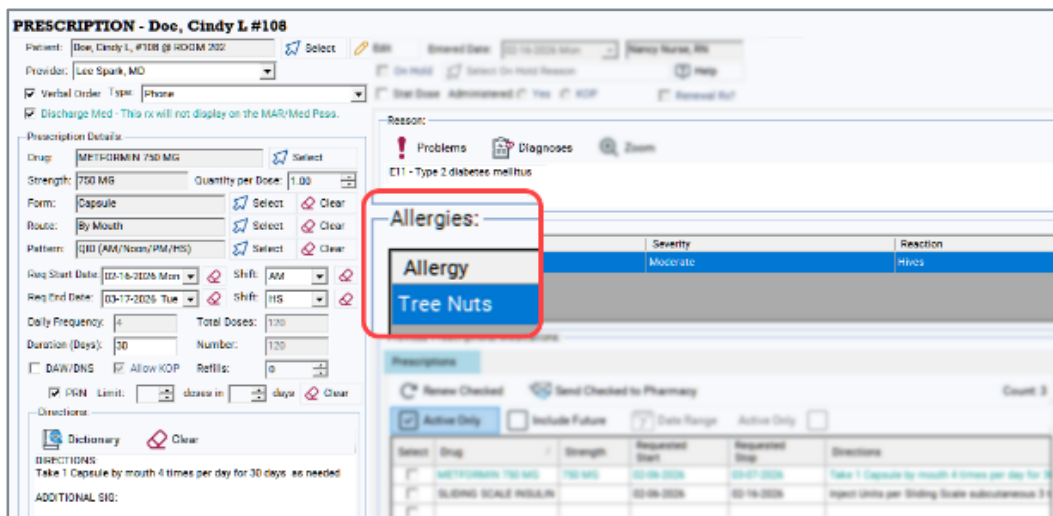
Select	Drug	Strength	Requested Start	Requested Stop	Directions
☒	METFORMIN 750 MG	750 MG	03-16-2026	03-17-2026	Take 1 Capsule by mouth 4 times per day for 30
☒	SLIDING SCALE INSULIN		03-16-2026	03-16-2026	Inject units per Sliding Scale subcutaneous 3-4

In the **Search Key** field, type the diagnosis name. Results narrow as you type.

Select the appropriate diagnosis, then click **Select**.

Allergies

Documented patient allergies display in the Allergies section. Review the list before finalizing the prescription.



PRESCRIPTION - Doc, Cindy L #108

Patient: Doc, Cindy L, #108 @ ROOM 202 Select Edit Entered Date: 03-16-2026 Mon History Notes

Provider: Leo Spark, MD Select On Hold Select On Hold Reason Help

☒ Verbal Order Type: Phone Select Clear

☒ Discharge Med - This rx will not display on the MAR/Med Pass. Select Clear

Prescription Details:

Drug: METFORMIN 750 MG Select

Strength: 750 MG Quantity per Dose: 1.00 Select Clear

Form: Capsule Select Clear

Route: By Mouth Select Clear

Pattern: QID (AM/Noon/PM/HS) Select Clear

Req Start Date: 03-16-2026 Mon Select Clear Shift: AM Select Clear

Req End Date: 03-17-2026 Tue Select Clear Shift: HS Select Clear

Daily Frequency: 4 Total Doses: 120

Duration (Days): 30 Number: 120

☐ DAW/DNS ☒ Allow KOP Refills: 0 Select Clear

☒ PRN Limit: Select Clear doses in Select Clear days Select Clear

Directions:

Select Clear

DIRECTIONS:

Take 1 Capsule by mouth 4 times per day for 30 days as needed

ADDITIONAL SIG:

Reason: Problems Diagnoses Search

Diagnoses

Previous Prescriptions/ Medications

Prescriptions

☒ Review Checked ☒ Send Checked to Pharmacy Count: 3

☒ Active Only ☐ Include Future ☐ Date Range: Select Clear ☐ Active Only

Select	Drug	Strength	Requested Start	Requested Stop	Directions
☒	METFORMIN 750 MG	750 MG	03-16-2026	03-17-2026	Take 1 Capsule by mouth 4 times per day for 30
☒	SLIDING SCALE INSULIN		03-16-2026	03-16-2026	Inject units per Sliding Scale subcutaneous 3-4

Allergies:

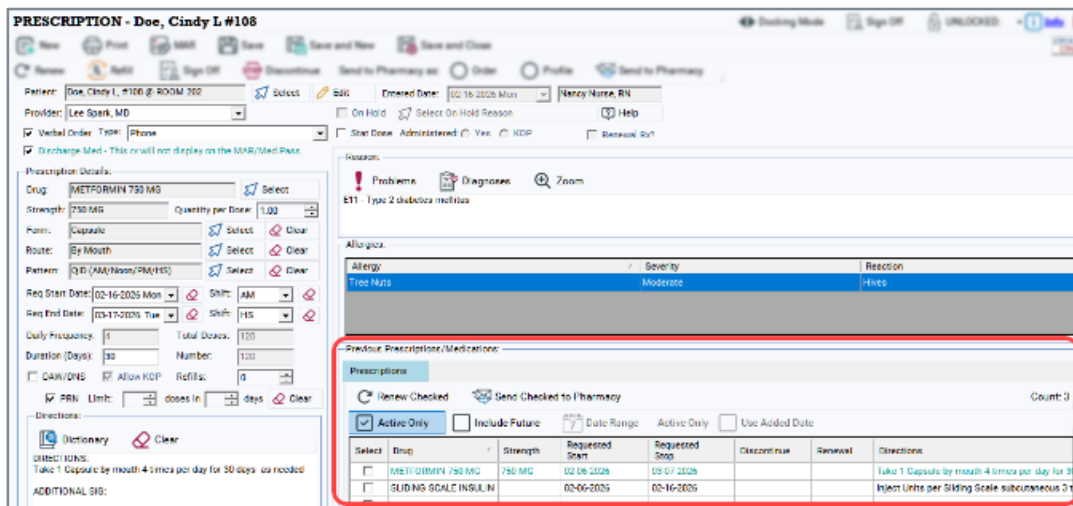
Allergy	Severity	Reaction
Tree Nuts	Moderate	Hives

Create Prescription

Active and Future Prescriptions

This section displays the patient's current and upcoming medications.

Use **Active Only** and **Include Future** to adjust what displays. Review existing entries before finalizing the prescription.



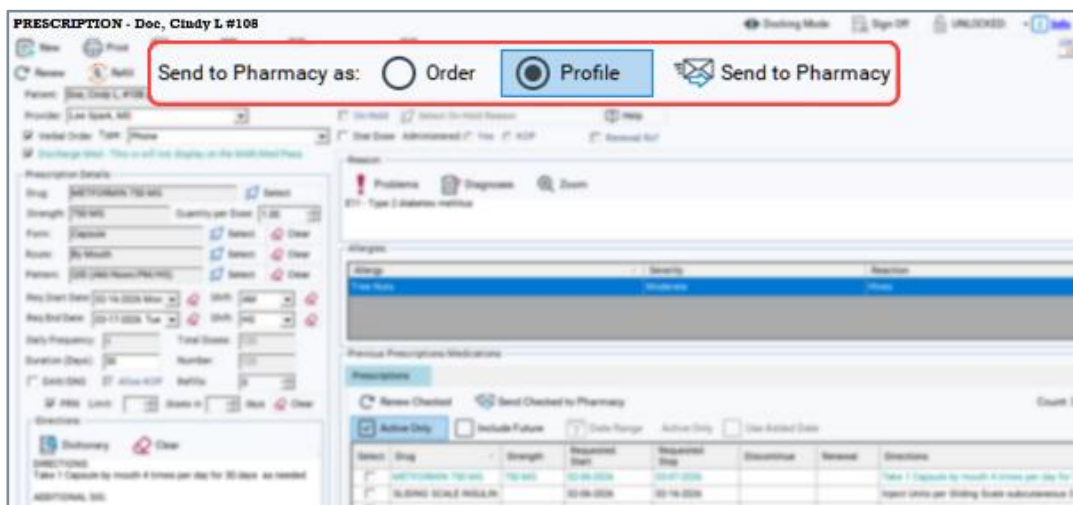
Select	Drug	Strength	Requested Start	Requested Stop	Discontinue	Renewal	Directions
☐	METFORMIN 750 MG	750 MG	02-06-2025	02-07-2025			Take 1 Capsule by mouth 4 times per day for 30 days
☐	SLIDING SCALE INSULIN		02-06-2025	02-16-2025			Inject Units per Sliding Scale subcutaneous T

Send to Pharmacy

Select **Order** if the medication needs to ship from the pharmacy.

Select **Profile** if the medication is a stock medication and does not need to ship.

Click **Send to Pharmacy**.

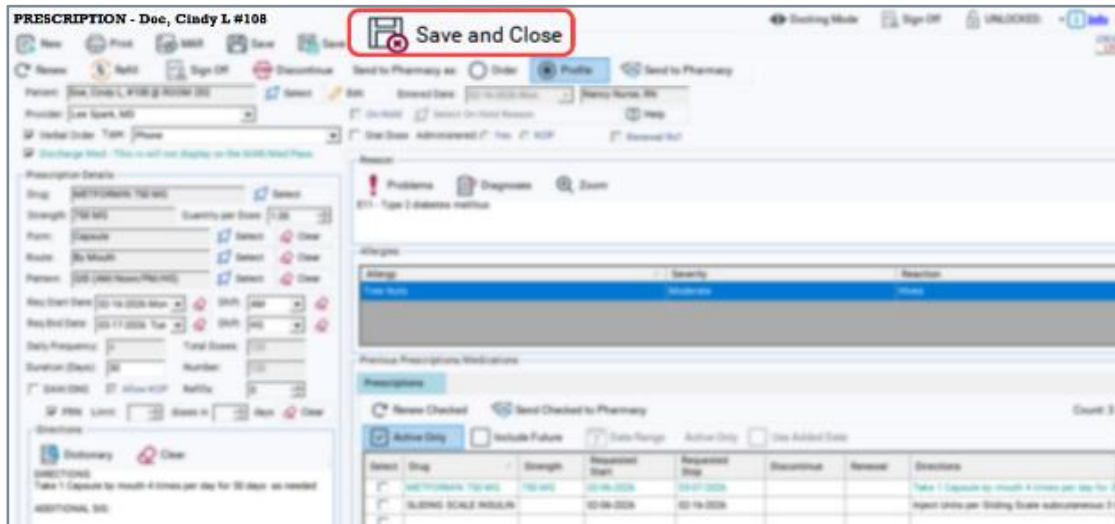


Send to Pharmacy as: ☐ Order ☒ Profile

Create Prescription

Save the Prescription

Click **Save and Close** to return to the Spark desktop.



PRESCRIPTION - Doc, Cindy L #108

Buttons: New, Print, WMR, Save, Save, Sign Off, Discontinue, Send to Pharmacy as: Order, Public, Send to Pharmacy

Patient: Doc, Cindy L #108 @ ROOM 202 | Received Date: 02-15-2025 | Status: New, No | Help

Provider: Jane Spark, MD | Use Order | Administered: Yes | RCP | Renewal: No

Prescription Details:

Drug: METFORMIN HCL 500mg | Quantity per Order: 30 | Select

Strength: 500 MG | Form: Capsule | Route: By Mouth | Select | Clear

Frequency: QID (After Meals/Afternoon) | Select | Clear

Req Start Date: 02-16-2025 Mon | Shift: AM | Select | Clear

Req End Date: 02-17-2025 Tue | Shift: AM | Select | Clear

Daily Frequency: 1 | Total Doses: 100

Duration (Days): 30 | Number: 100

Instructions: 1. Take 1 capsule by mouth 4 times per day for 30 days as needed. ADDITIONAL: See

Alerts: 1. Type 2 diabetes mellitus

Previous Prescriptions/Modifications:

Prescriptions:

Buttons: Renew Checked, Send Checked to Pharmacy, Count: 3

Active Only | Include Future | Date Range: Active Only | Use Added Date

Select	Drug	Strength	Requested Start	Requested Stop	Recurrence	Renewal	Description
☐	METFORMIN HCL 500mg	500 MG	02-16-2025	02-17-2025			Take 1 Capsule by mouth 4 times per day for 30
☐	GLIBENCLAMIDE 5.0mg	5.0 MG	02-16-2025	02-16-2025			Inject 0.5mg per 50mg tablet subcutaneous 2-4

| Tip: To create another prescription for the same patient, click **Save and New**.