**ORCHID Medication Refills:**

1. As a reminder, please always use the medication refill templates when you are documenting refills or refill proposals to your inbox attending. This applies to all levels of residents. Thanks!
2. We recommend that you create a dot phrase for these templates.

**Medication Refill Auto text- LICENSED**

Date of last visit: \_

Date of next visit: \_

Medication name and dose verified as per last note: [\_] Yes [\_] No

Pertinent labs and date (eg.: ACEI- last K and Cr): \_

I reviewed this medication refill request and:

[\_] I ordered/signed the medication refill with correct sig, quantity, and number of refills.

[\_] The following modifications were made: \_

[\_] I rejected the refill. Reason and follow-up instructions: \_

**Medication Refill Auto text- UNLICENSED**

Date of last visit: \_

Date of next visit: \_

Medication name and dose verified as per last note: [\_] Yes [\_] No

Pertinent labs and date (eg.: ACEI- last K and Cr): \_

Attending Provider, I reviewed this medication refill request and:

[\_] Recommend refill as proposed.

[\_] Please modify the sig, quantity, and number of refills as follows: \_.

[\_] Please reject the refill request. Reason and follow-up instructions: \_