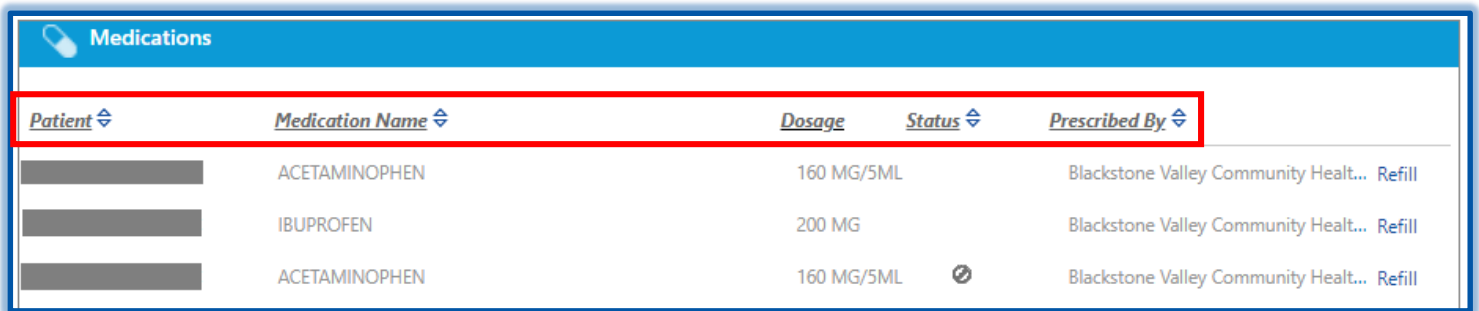


YOUR MEDICATIONS

Any medications prescribed by your provider at the BVCHC practice will be available to view from the Patient Portal. You may also request refills for your medication.

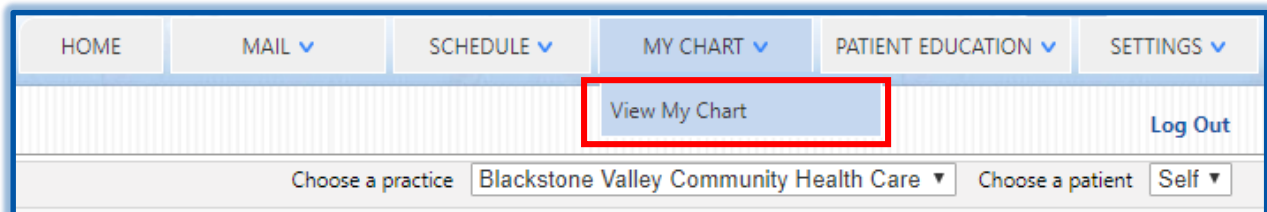
VIEWING YOUR MEDICATIONS

You can view your medications from the Patient Portal home page in the **Medications** section. You may also sort this information by clicking on the section header labels. You can see a full list of active medications from **My Chart**.



Patient	Medication Name	Dosage	Status	Prescribed By
[REDACTED]	ACETAMINOPHEN	160 MG/5ML		Blackstone Valley Community Health... Refill
[REDACTED]	IBUPROFEN	200 MG		Blackstone Valley Community Health... Refill
[REDACTED]	ACETAMINOPHEN	160 MG/5ML	🚫	Blackstone Valley Community Health... Refill

1. From the Patient Portal home page, click **My Chart** and then **View My Chart**.

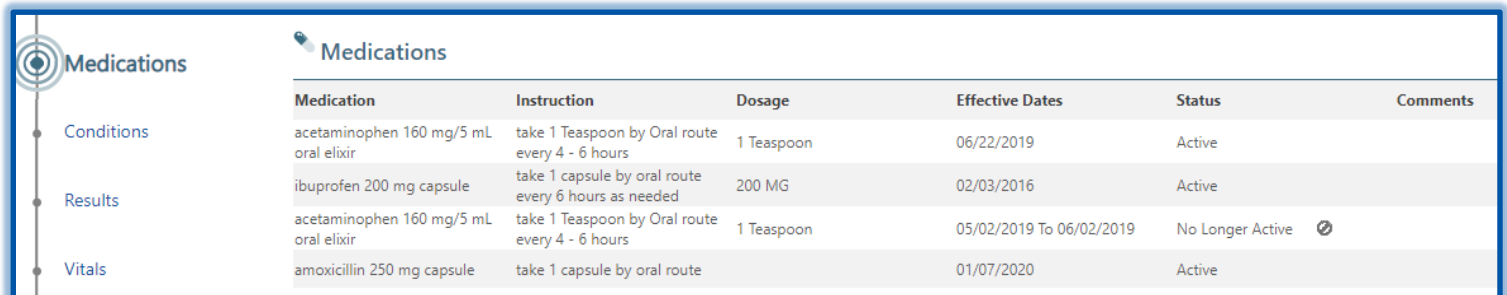


HOME MAIL ▾ SCHEDULE ▾ **MY CHART ▾** PATIENT EDUCATION ▾ SETTINGS ▾

View My Chart Log Out

Choose a practice Blackstone Valley Community Health Care ▾ Choose a patient Self ▾

2. On the left side of the window click on, or scroll down to, **Medications**. From here you will be able to see more details such as instructions given to you by the provider, the starting date of the medication as well as any comments the provider might include.

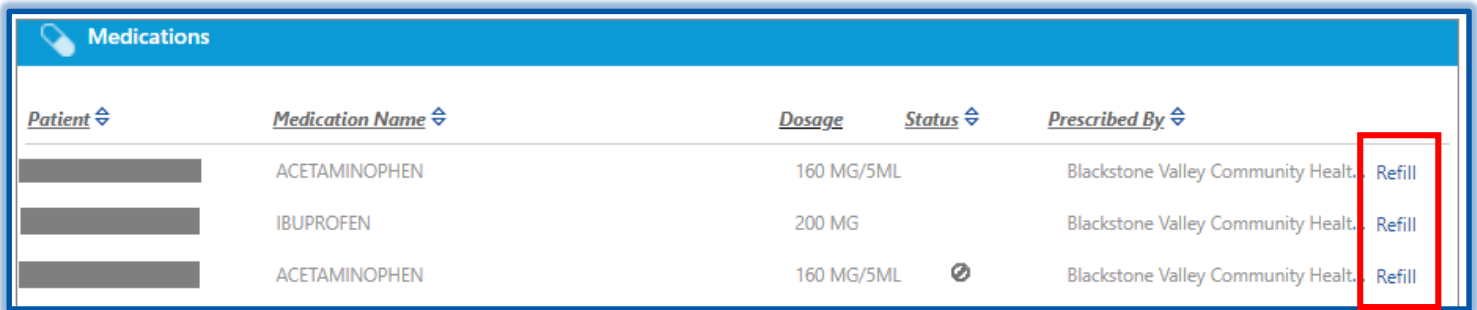


Medication	Instruction	Dosage	Effective Dates	Status	Comments
acetaminophen 160 mg/5 mL oral elixir	take 1 Teaspoon by Oral route every 4 - 6 hours	1 Teaspoon	06/22/2019	Active	
ibuprofen 200 mg capsule	take 1 capsule by oral route every 6 hours as needed	200 MG	02/03/2016	Active	
acetaminophen 160 mg/5 mL oral elixir	take 1 Teaspoon by Oral route every 4 - 6 hours	1 Teaspoon	05/02/2019 To 06/02/2019	No Longer Active	🚫
amoxicillin 250 mg capsule	take 1 capsule by oral route		01/07/2020	Active	

RENEWING YOUR MEDICATIONS

The Patient Portal allows for an easy method to request medication refills. Please allow at least 24 hours to receive a response. All responses will be between 8am – 5pm, Monday through Friday.

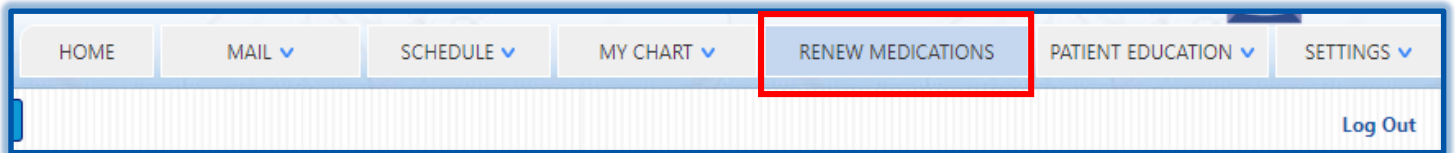
1. From the Patient Portal home page, view your medications under the **Medications** section and click **Refill** next to the medication you would like to request a refill for.



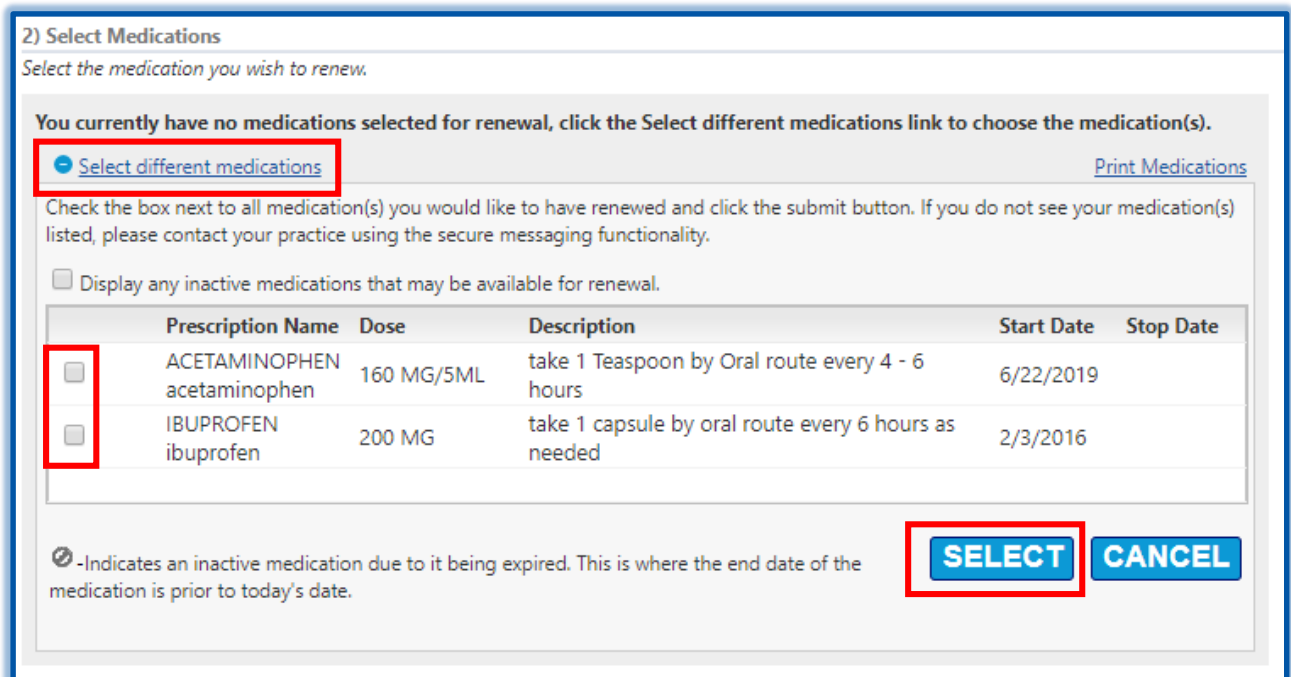
Patient	Medication Name	Dosage	Status	Prescribed By	
	ACETAMINOPHEN	160 MG/5ML		Blackstone Valley Community Health	Refill
	IBUPROFEN	200 MG		Blackstone Valley Community Health	Refill
	ACETAMINOPHEN	160 MG/5ML	⊗	Blackstone Valley Community Health	Refill

OR

1. From the Patient Portal home page, click on **Renew Medications** from the top menu.



2. The first step is to select the practice which is automatically selected for you. Then, choose the medications you would like to have renewed by clicking **Select different medications**. A list of your eligible medications will appear. Check the box next to the meds you want to refill and then 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](#)

Select different 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 type="checkbox"/>	ACETAMINOPHEN acetaminophen	160 MG/5ML	take 1 Teaspoon by Oral route every 4 - 6 hours	6/22/2019	
<input type="checkbox"/>	IBUPROFEN ibuprofen	200 MG	take 1 capsule by oral route every 6 hours as needed	2/3/2016	

⊗ -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**

- If you have shared your preferred pharmacy with BVCHC, it will be populated for you, otherwise select a pharmacy by clicking **Select different pharmacy**. Enter either the pharmacy name, address or zip code to search the pharmacy listing.

3) Select Pharmacy

Select the pharmacy you wish to handle the refill.

You currently have no pharmacy selected for renewal, click the Select different pharmacy link to choose the pharmacy.

[Select different pharmacy](#)

Pharmacy search: **SEARCH** **ADD NEW**

Select the button next to the pharmacy of your choice and click **Select**. You may also opt to set it as the preferred pharmacy in your BVCHC chart by clicking **Set as your NextGen Patient Portal preferred pharmacy**.

3) Select Pharmacy

Select the pharmacy you wish to handle the refill.

You currently have no pharmacy selected for renewal, click the Select different pharmacy link to choose the pharmacy.

[Select different pharmacy](#)

Pharmacy search: **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)

	Pharmacy Name	Address	Phone Number	
<input type="radio"/>	CVS	5584 Dressler Rd North Canton, OH 44720	(330) 494-4098	
<input type="radio"/>	CVS	615 Metcom Avenue Warren, RI 02885	(401) 245-0400	
<input type="radio"/>	CVS	935 Manton Avenue Providence, RI 02909	(401) 453-5634	
<input type="radio"/>	CVS	8 E. Washington St. Attleboro, MA 02703	(508) 695-2437	
<input type="radio"/>	CVS	799 Hope Street Providence, RI 02906	(401) 331-5246	
<input type="radio"/>	CVS	763 Tiogue Avenue Coventry, RI 02816	(401) 822-7999	

Set as your NextGen Patient Portal preferred pharmacy **SELECT** **CANCEL**

4. Submit your request to your provider by selecting a reason (Medication Renewal) and your provider's name from the list. You can add comments if you wish, then click **Submit**.

4) Submit Renewal


Select Reason and Provider for this medication refill.

***Reason:** Medication Renewal ▼

***Send to:** Please make a selection. ▼

Comments:

Maximum length: 500 characters

 ****PLEASE BE SURE TO CHECK WITH YOUR PHARMACY BEFORE SUBMITTING REQUESTS FOR REFILLS!**

**Disclaimer: If this is a true medical emergency please contact your Emergency Medical Services (911), or call your nearest hospital or medical practice. Please allow 48 hours (Monday-Friday) for a response.*

SUBMIT

If you experience any problems with the NextGen Patient Portal, please contact our practice at 401-312-5233 or patientportal@bvchc.org.