

The Medications Tab displays home medications and any prescriptions that you may have. It also allows you to request a medication renewal to the physician who has provided this to you.

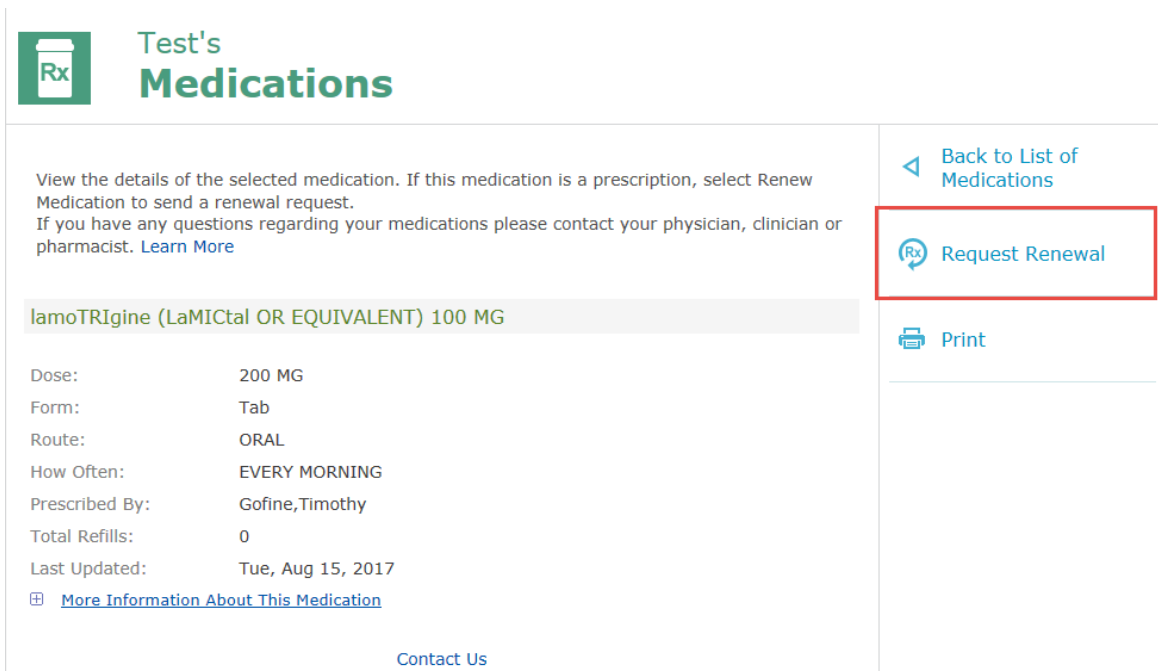
To submit a request for a Medication Renewal:

1. Click on the Medications Icon



***Only Medication ordered from Ontario Shores can be renewed and will have the “Request Renewal” button available**

2. When you have a Medication that can be renewed, click on the Renewal button



Test's Medications

View the details of the selected medication. If this medication is a prescription, select Renew Medication to send a renewal request. If you have any questions regarding your medications please contact your physician, clinician or pharmacist. [Learn More](#)

lamoTRIGine (LaMICTal OR EQUIVALENT) 100 MG

Dose:	200 MG
Form:	Tab
Route:	ORAL
How Often:	EVERY MORNING
Prescribed By:	Gofine, Timothy
Total Refills:	0
Last Updated:	Tue, Aug 15, 2017

[More Information About This Medication](#)

[Contact Us](#)

[Back to List of Medications](#)

[Request Renewal](#)

[Print](#)

3. Review the medication and ensure it is the correct medication you would like to renew
4. Click Continue

Request Renewal

Enter pharmacy and contact information to send a renewal request for the medication below.



You are requesting a prescription renewal for the following medication:

Medication:	LORazepam SL (Ativan or Equivalent)
Dose:	1 MG
Form:	Tab
Route:	SUBLINGUAL
How Often:	AS DIRECTED
Prescribed By:	Train,Doctor
Refills:	1

Continue

5. Add detail regarding your preferred pharmacy
6. Click continue



Lion King's Medications

Request Renewal

Enter pharmacy and contact information to send a renewal request for the medication below.



Please confirm your preferred pharmacy:

Other

Back

Continue

7. Enter your contact information and any required comments
8. Click Submit

Request Renewal

Enter pharmacy and contact information to send a renewal request for the medication below.

1 ————— 2 ————— 3

Please select a contact phone number:

Primary Phone: 789-456-2654

Other:

Comments

9. This will complete your medication renewal request.

Your renewal request has been entered for the medication listed below:

LORazepam SL (Ativan or Equivalent)

Your renewal request has been entered for the medication listed below. If you do not receive a renewal within 3 days, please contact your clinician. Do not take medications solely based on the information provided on this page. For clarification, please contact your physician/clinician or pharmacist.