

Patient Message Downtime Form

PATIENT INFORMATION		
Last Name	First Name	Middle Initial
Date of Birth	Requester	Phone Number
Message Taken By:	Date	Time

Message Note

MEDICATION REQUEST		
Preferred Pharmacy:		
<i>Medication Details:</i>		
Medication	Medication Details	Prescribing Provider

Message Resolution:

- Prescriptions Proposed to Provider in Cerner
- Prescriptions Sent to Pharmacy via: Cerner e-Prescribe Phone Call Paper Script Fax
- Message Transcribed into Chart
- Message Scanned into Chart
- Follow-up with Patient
- Other: _____

MESSAGE RESOLUTION COMMENTS

Time	Date	Name	Signature