

EPCS Workflow Demonstration  
ConfirmID with  
Password and Push Token or Soft Token

DRICHARDSON, DOUGLAS R - 10000777 Opened by Moore, Matt

Task Edit View Patient Chart Links Notifications Options Current Add Help

Physician Handoff Ambulatory Organizer Message Center Home CareCompass Schedule Patient List Rounds List Census Task List Activity Assignment APACHE Cardiovascular Staff Assignment Links  
New Sticky Note View Sticky Notes Tear Off Attach Change Charges Charge Entry Exit Calculator Message Sender AdHoc Medication Administration PM Conversation Depart Communicate

DRICHARDSON...

**DRICHARDSON, DOUGLAS R**  
Allergies: No Known Allergies  
IQHealth: No

PCP:  
Phone:(413) 7...  
Age:14 years

**DRICHARDSON, DOUGLAS**  
MRN: 10000777 DOB: 09-29-1998  
Address: 23 Trumble Dr. Apt 101, MA 010402239

Gender: Male  
Home: (413) 776-2738

[\[More Phones\]](#)

**Moore, Matt**

National Provider Identifier:[7006005004] DEA: CM6125242

1234 Main St, Anaheim, CA 92804 Phone: (816) 555-1234 Fax: (816) 571-1234

**Walgreen Drug Store 01813** — 18568 VENTURA BLVD, TARZANA, CA 913564146 Phone: 8187761363 Fax: 8187761392

**Ritalin-SR 20 mg oral tablet, extended release [Schedule 2]** [\[MODIFY\]](#)

1 tab(s) Oral Daily

#30 tab(s), Refills:0, DAW:No, Date Written:10-30-2012, Earliest Date To Fill:10-30-2012

**Ritalin-SR 20 mg oral tablet, extended release [Schedule 2]** [\[MODIFY\]](#)

1 tab(s) Oral Daily

#30 tab(s), Refills:0, DAW:No, Date Written:10-30-2012, Earliest Date To Fill:11-30-2012

**Ritalin-SR 20 mg oral tablet, extended release [Schedule 2]** [\[MODIFY\]](#)

1 tab(s) Oral Daily

#30 tab(s), Refills:0, DAW:No, Date Written:10-30-2012, Earliest Date To Fill:12-30-2012

**predniSONE 10 mg oral tablet** [\[MODIFY\]](#)

1 tab(s) Oral Daily,x7 days

#7 tab(s), Refills:0, DAW:No, Date Written:10-30-2012

By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear above.

[Sign](#)

[Cancel](#)

Details

Diagnoses & Problems

Related Results

0 Missing Required Details

Dx Table

Orders For Cosignature

[Sign](#)

pharmacy: Walgreen Drug Store 01813  
: Walgreen Drug Store 01813, 10/30/2012...  
: Walgreen Drug Store 01813, 11/30/2012...  
: Walgreen Drug Store 01813, 12/30/2012...

# Confirm ID: Authentication

DRICHARDSON, DOUGLAS R - 10000777 Opened by Moore, Matt

Task Edit View Patient Chart Links Notifications Options Current Add Help

Physician Handoff Ambulatory Organizer Message Center Home CareCompass Schedule Patient List Rounds List Census Task List Activity Assignment APACHE Cardiovascular Staff Assignment Links

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**DRICHARDSON, DOUGLAS R** PCP: Phone:(413) 7 IQHealth: No Age:14 years

Menu - Ambulatory Inpatient Workflow Surgeon Summary MPage Overview Review Chart Results Review Diagnoses and Problems Documentation Form Browser Notes + Add Histories Orders + Add MAR MAR Summary Allergies + Add **Medication List + Add** Health Maintenance Immunization Schedule Growth Chart Patient Information Activities and Interventions Reference Medication Profile Procedures and Diagnoses Generic View MultiMedia Manager + Add

Orders Medication

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Patient Care

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Medications

Laboratory

Diagnostic Te

Special

Consults

Therapies

Procedures

Medical Supp

Medication Histo

Reconciliation His

Electronic Prescription Preview

**DRICHARDSON, DOUGLAS** Gender: Male  
MRN: 10000777 DOB: 09-29-1998 Home: (413) 776-2738  
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#7 tab(s), Refills:0, DAW:No, Date Written:10-30-2012

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**Sign** Cancel

Details

Diagnoses & Problems

Related Results

0 Missing Required Details Dx Table Orders For Cosignature

Sign

Pharmacy: Walgreen Drug Store 01813  
Walgreen Drug Store 01813, 10/30/2012...  
Walgreen Drug Store 01813, 11/30/2012...  
Walgreen Drug Store 01813, 12/30/2012...

Print 6 minutes ago

Adm. Meds Rec Disch. Meds Rec

PCCA MM9154 October 30, 2012 11:04 AM CDT

# Confirm ID: Authentication

## Using password and Push Token - or- Soft Token

### Electronic Prescription Preview



**HARPER, ADDISON**

MRN: 6577

Address: 13938 Pembroke, Shawnee Mission, KS 66224

Sex: Female

DOB: 11-06-2000 Home: (913) 555-7099

Rx Plans (0): No Benefit Found

**Moore, Matt**

National Provider Identifier:[2041520166] DEA: **CM6125243**

5276 Rockcreek Pkwy, Kansas City, MO 64117 Phone: 8166185555 Fax: 8166185555

**CA Pharmacy 10.6MU — 65432 Cabernet Turn, Sonoma, CA 95476 Phone: 7072107071 Fax: 7072107072**

**diazepam 2 mg oral tablet [Schedule 4]**

[\[Modify\]](#)

1 tabs Oral Daily.x10 days

#10 tabs, Refills:0, DAW:No, Date Written:09-07-2018

### Confirm your identity - MD9154@vccerner.net - Imprivata Confirm ID

imprivata

**Confirm  
your  
identity**

\*\*\*\*

Network password



or [use your OTP token](#)


By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear above.

Sign

Cancel

# Push Token



Electronic Prescription Preview



 **HARPER, ADDISON** Sex: Female  
MRN: 6577 DOB: 11-06-2000 Home: (913) 555-7099  
Address: 13938 Pembroke, Shawnee Mission, KS 66224  
Rx Plans (0): No Benefit Found

**Moore, Matt** National Provider Identifier:[2041520166] DEA:   
5276 Rockcreek Pkwy, Kansas City, MO 64117 Phone: 8166185555 Fax: 8166185555  
**CA Pharmacy 10.6MU – 65432 Cabernet Turn, Sonoma, CA 95476 Phone: 7072107071 Fax: 7072107072**

**diazepam 2 mg oral tablet [Schedule 4]** [Modify]  
1 tabs Oral Daily,x10 days  
#10 tabs, Refills:0, DAW:No, Date Written:09-07-2018

Confirm your identity - MD9154@vccerner.net - Imprivata Confirm ID

 **Confirm your identity**  

 **Imprivata ID**  
 

or [use your OTP token](#)

By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear above.

# Phone Notification

Approve this  
access request.

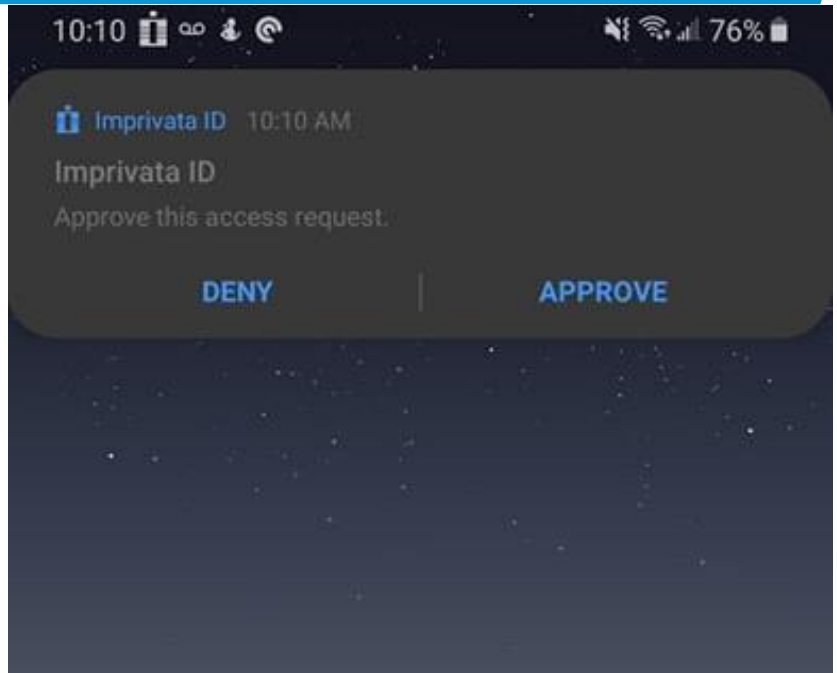
IMPR 0528 0521

Token Code

218961

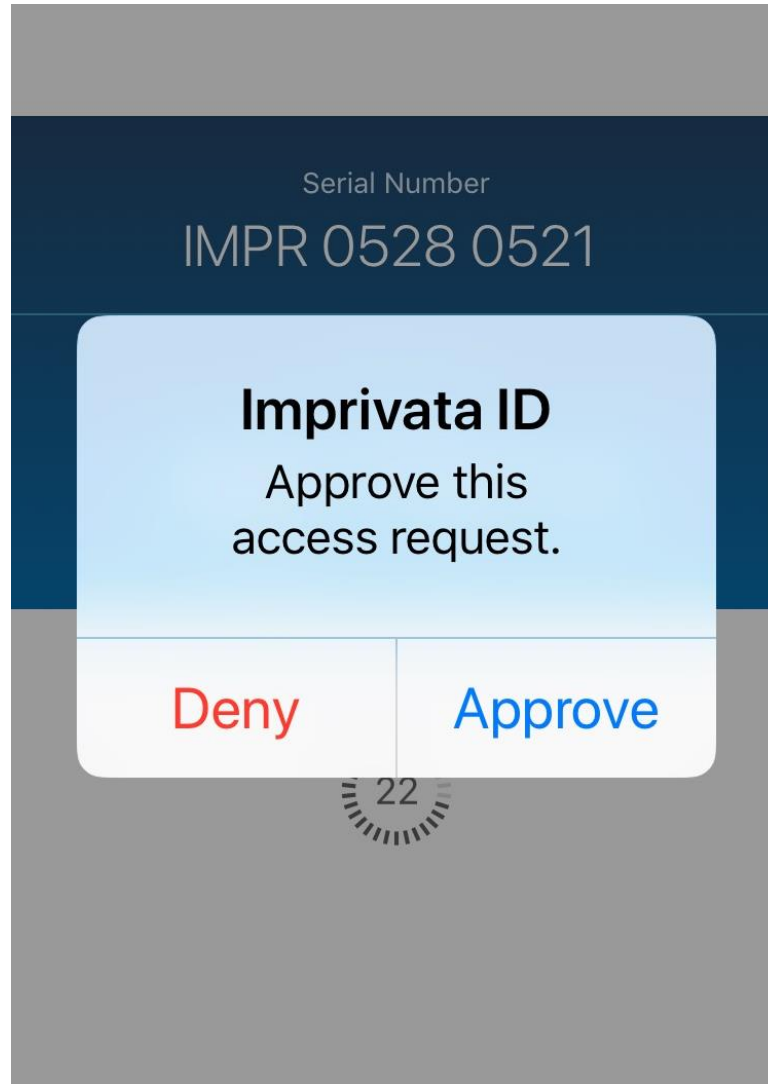


**iOS**

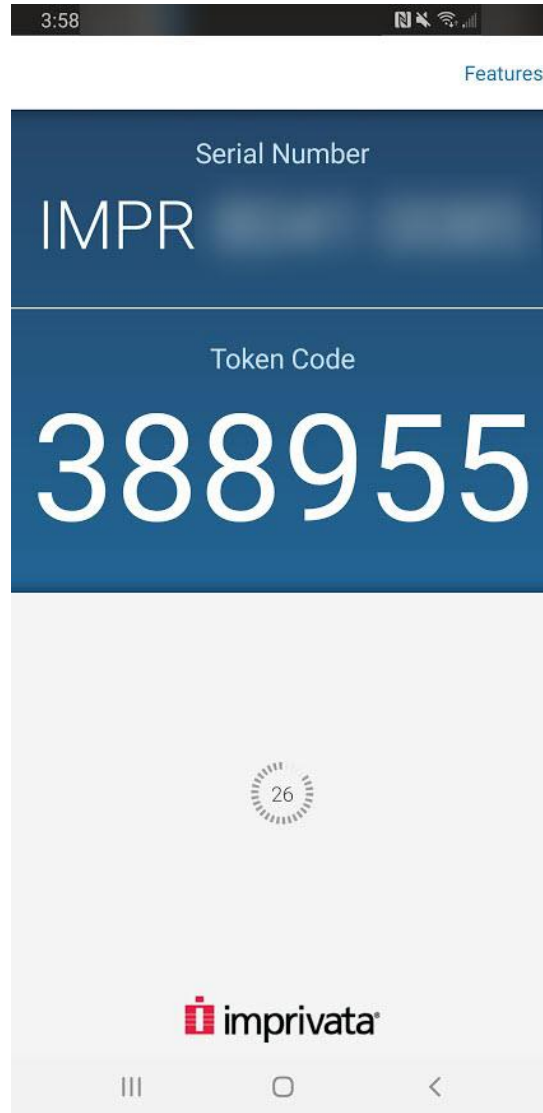


**Android**

# Approve or deny request



# Or enter Confirm ID Soft Token code





ed electronically signed by EPCS, Providerone on 08/08/19 at 16:38 EDT.

## Dol 150 mg/24 hours oral capsule, extended release)

fo	History	Comments	Validation	Results	Ingredients	Pharmacy
----	---------	----------	------------	---------	-------------	----------

MADol 150 mg/24 hours oral capsule, extended release

/08/19 16:38 EDT

ily

3149378

Delivered To Pharmacy, 08/08/19 16:39 EDT

Delivered To Pharmacy, 08/08/19 16:39 EDT

EPCS Workflow Demonstration  
ConfirmID with  
Fingerprint Reader and Hands-Free  
Authentication

# Confirm ID: Authentication

DRICHARDSON, DOUGLAS R - 10000777 Opened by Moore, Matt

Task Edit View Patient Chart Links Notifications Options Current Add Help

Physician Handoff Ambulatory Organizer Message Center Home CareCompass Schedule Patient List Rounds List Census Task List Activity Assignment APACHE Cardiovascular Staff Assignment Links

New Sticky Note View Sticky Notes Tear Off Attach Change Charges Charge Entry Exit Calculator Message Sender AdHoc Medication Administration PM Conversation Depart Communicate

**DRICHARDSON, DOUGLAS R** PCP: Phone:(413) 7 IQHealth: No Age:14 years

Menu - Ambulatory Inpatient Workflow Surgeon Summary MPage Overview Review Chart Results Review Diagnoses and Problems Documentation Form Browser Notes + Add Histories Orders + Add MAR MAR Summary Allergies + Add **Medication List + Add** Health Maintenance Immunization Schedule Growth Chart Patient Information Activities and Interventions Reference Medication Profile Procedures and Diagnoses Generic View MultiMedia Manager + Add

Orders Medication

View

Orders for Signa Medication List  Non Categor  Condition  Vital Signs  Activity  Diet  Patient Care  Continuous I  Medications  Laboratory  Diagnostic Te  Special  Consults  Therapies  Procedures  Medical Supp

Medication History Reconciliation His

Details

Diagnoses & Problems Related Results 0 Missing Required Details Dx Table Orders For Cosignature Sign

**Electronic Prescription Preview**

**DRICHARDSON, DOUGLAS** Gender: Male  
MRN: 10000777 DOB: 09-29-1998 Home: (413) 776-2738  
Address: 23 Trumble Dr, Apt 101, MA 010402239

Moore, Matt National Provider Identifier:[7006005004] DEA: CM6125242  
1234 Main St, Anaheim, CA 92804 Phone: (816) 555-1234 Fax: (816) 571-1234  
Walgreen Drug Store 01813 - 18568 VENTURA BLVD, TARZANA, CA 913564146 Phone: 8187761363 Fax: 8187761392

**Ritalin-SR 20 mg oral tablet, extended release [Schedule 2]** [MODIFY]  
1 tab(s) Oral Daily  
#30 tab(s), Refills:0, DAW:No, Date Written:10-30-2012, Earliest Date To Fill:10-30-2012

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1 tab(s) Oral Daily  
#30 tab(s), Refills:0, DAW:No, Date Written:10-30-2012, Earliest Date To Fill:12-30-2012

**predniSONE 10 mg oral tablet** [MODIFY]  
1 tab(s) Oral Daily,x7 days  
#7 tab(s), Refills:0, DAW:No, Date Written:10-30-2012

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Pharmacy: Walgreen Drug Store 01813  
Walgreen Drug Store 01813, 10/30/2012...  
Walgreen Drug Store 01813, 11/30/2012...  
Walgreen Drug Store 01813, 12/30/2012...

PCCA MM9154 October 30, 2012 11:04 AM CDT

# Confirm ID: Authentication

## Using Fingerprint and Hands Free Soft Token

Loc:LAN Family Medicine of Mi... HealthLife: No Primary Insurance:SELF - Self PayMRN:310001710020

Document Medication by Hx | Reconciliation | Check Interactions | External Rx History | No Check | Reconciliation Status: Meds History Admission Discharge

Medication List | Document In Plan

Orders for Signature

Electronic Prescription Preview

ZZZTEST, WILLIE  
MRN: 310001710020  
Address: 123 FIRST AVE, LANSING, MI 48910

Sex: Male  
DOB: 11-22-1970 Home: (517)987-4561

Confirm your identity - EPCSPROVIDER@mclaren.org - Imprivata Confirm ID

Imprivata  
Confirm your identity  
Place your finger  
or use your network password

By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear above.

Sign Cancel

# Confirm ID: Authentication Using Fingerprint and Hands Free Soft Token

DRICHARDSON, DOUGLAS R - 10000777 Opened by Moore, Matt

Task Edit View Patient Chart Links Notifications Options Current Add Help

Physician Handoff Ambulatory Organizer Message Center Home CareCompass Schedule Patient List Rounds List Census Task List Activity Assignment APACHE Cardiovascular Staff Assignment Links

New Sticky Note View Sticky Notes Tear Off Attach Change Charges Charge Entry Exit Calculator Message Sender AdHoc Medication Administration PM Conversation Depart Communicate

DRICHARDSON, DOUGLAS R  
Allergies: No Known Allergies  
IQHealth: No

PCP: Phone:(413) 7 Age:14 years

Menu - Ambulatory  
Inpatient Workflow  
Surgeon Summary MPage  
Overview  
Review Chart  
Results Review  
Diagnoses and Problems  
Documentation  
Form Browser  
Notes + Add  
Histories  
Orders + Add  
MAR  
MAR Summary  
Allergies + Add  
Medication List + Add  
Health Maintenance  
Immunization Schedule  
Growth Chart  
Patient Information  
Activities and Interventions  
Reference  
Medication Profile  
Procedures and Diagnoses  
Generic View  
MultiMedia Manager + Add

Electronic Prescription Preview

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MRN: 10000777 DOB: 09-29-1998 Gender: Male  
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#30 tab(s), Refills:0, DAW:No, Date Written:10-30-2012, Earliest Date To Fill:12-30-2012

predniSONE 10 mg oral tablet [MODIFY]  
1 tab(s) Oral Daily;x7 days  
#7 tab(s), Refills:0, DAW:No, Date Written:10-30-2012

By completing the transmission of this order, I certify that the information is accurate and complete by the provider.

Confirm your identity  
Imprivata  
Imprivata ID  
Accessing...  
or www.yournetwork.com/priv  
Cancel

Diagnoses & Problems  
Related Results 0 Missing Required Details Dx Table Orders For Cosignature Sign

ed electronically signed by EPCS, Providerone on 08/08/19 at 16:38 EDT.

## Dol 150 mg/24 hours oral capsule, extended release)

fo	History	Comments	Validation	Results	Ingredients	Pharmacy
----	---------	----------	------------	---------	-------------	----------

MADol 150 mg/24 hours oral capsule, extended release

/08/19 16:38 EDT

ily

3149378

delivered To Pharmacy, 08/08/19 16:39 EDT

uted To Pharmacy, 08/08/19 16:39 EDT