

Sending an MCR Treatment Summary

Once you have fully dispensed, marked as collected and claimed for an MCR prescription, you can send the Treatment Summary (also known as a TSR), which is an end of care summary and includes a serial prescription renewal request to the GP practice.

- 1. From the ePharmacy Manager, click the *Treatment Summary* tab.
- 2. The *Treatment Summary* tab contents display.

ProScript Connect ▼ 21 November 2019 09:26	Search (CTRL+S) 🗸 🔾 🚺	🕼 🖪 Responsible Pharmacist Sign In User Supervisor 🛛 🗖 🗙
My shortcuts 🗕 🕂		
Redeem Owings F2		
Reprints F6	Scripts Treatment Summary Patient Registration	Pharmacist: Victoria Smith
Ordering F7	Due History	
Overdue Scripts F8	F2 - Send Selected Items F3 - Send All	
MDS Prep F9	Filters Due Type All V Patient Search Patient	
MDS Scripts Due	Patient CHI Number	L [201000 20751 EDISON, SIMON (Master) EXEMPT (B)
SDM (HI M	DAWSON, PAULA (MS) 290186 1342	Flat 4-3 Atholl House 86-88 Guild Street,
Stock Manager	EDISON, SIMON (Master) 201000 2075	Aberdeen, Grampian, AB9 1NJ DOB: 20 Oct 2000 Age: 19 years 1 month
Ctrl O MDS Manager	O'CONNOR, Claire (Miss) 310732 1869	Elected Services
F11 ePharmacy		MCR Registered MAS Registered
Ctrl E		Patient Compliance Prescription Collection Patient Id: 7
KMS Ctrl R		
FMD Workload		
	Version 2.1.0	

- 3. Highlight a patient for which the treatment summary is due and press **[F2 Send Selected Items]** or if you want to send the treatment summary for all patients in the grid press **[F3 Send All]**.
- 4. The Repeat Request window displays. Select whether you want to repeat the items using the *Action* drop-down, and press [F10 Reorder Item(s)].



Repeat Request						-		×
L EDISON, SIMON Flat 4-3 Atholl Hou	(Master) use 86-88 Guild Street, Aberdeen, Grampian, AB9 1NJ	DOB 20 Oct 2000 Age 18 years 8 months	CHI No MCR	201000 2075 MAS ●		EXEM	PT (B)	\sim
Pharmacy require nev	v prescription by * 01/08/2019							
Action	Description	UPN	ltem No.	Last Episode	Repeat Notes			
Repeat 🔻	Desmopressin 10micrograms/dose nasal spray	K881130000C7MLDW	1	6 of 6				
					1 510 0 1		• •	
					✓ F10 - Reorder	ltem(s)	K Can	cel

5. The repeat request print preview displays. You can print the report using the printer icon.

Rep	ort Preview							>
: <	> X C ⋈ ◀ 1 of 2 ►	× RE	8					
	Den est Deferences	0040040	M	edication Care and Review Treat	ment Summa	ary Report	02/07/2	1010
	Report Reference:	S046210	0001B3	8 R I		Reporting L	Date: 03/07/2	2019
	Patient Name:	EDISON	, SIMOI	N (Master) CHI Nur	nber:	201000207	75	
		Flat 4-3 A Aberdee	Atholl H n	ouse 86-88 Guild Street Date of	Birth:	20 October	2000	
		Grampia AB9 1NJ	n	Sex.		IVI		
	Patient Registered for MCR at	t: McAlliste	r & Tho	mpson Pharmacy Respons	sible Pharmacist:	SMITH, Vio	ctoria	
		Woodbur	n Hous	e 56 Canaan Lane GPhC C	ode:	25051988		
		Edinburg EH10 4S	ih iG	Pharma Tel:	cy Code:	4621		
	MCR Repeat Request:		Ph	armacy Requires New Prescriptions by: 01/08/20)19			
	UPN Pro Medication Term	escribed Date	ltem	Description	Quantity Prescribed	Dispensing Frequency	Repeat Indicator	Repeat Notes
	K881130000C7MLDW 10	/06/2019	1	Desmopressin 10micrograms/dose nasal spray	360 dose	4 Weekly	Yes	
	(24 VVeeKS)							
•							~	



6. Once the report preview has been closed, a pop-up will display asking if you're sure you want to send the report. Select the **[Yes]** button.

💿 EDISON, SIMON (Master) 🗕 🗖 🗙						
Are you sure to send the report?						
Yes No						

Revision History

Version Number	Date	Revision Details	Author(s)
1.0	16 September 2019		Joanne Hibbert-Gorst

Contact us

For more information contact: **Telephone: 0344 209 2601**

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