



1. Open a web browser (google chrome, internet explorer, etc.) and enter <https://clinic.wihd.org/prescription-request/> in the address bar



For Staff Only

Prescription Request Status

Please allow at least seven days for the prescription request to be processed.

### Prescription Request

1. Date of request \* 2. Patient First and Last Name \* 3. Date of birth \*

08/14/2023 John Stamos 01/24/1978

4. Agency name (if applicable) 5a. Office/Home Phone number \* 5b. Mobile Phone Number

YAI Yonkers 888-888-8888

6a. Primary Email \* 6b. Secondary Email

example@example.com

7a. Name of person making the request \* 7b. Relationship to Patient \*

Jesse Katsopolis Caregiver  
(Example: caregiver, parent, direct service provider (DSP), nurse, etc.)

8. Any other information that you would like us to know?

N/A

9. Prescription Request

<input checked="" type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Psychiatry
<input type="checkbox"/> Neurology	<input type="checkbox"/> Cardiology
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Urology
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Physiatry

9a. Name of primary care provider

Loretta Lear

9b. Name of psychiatrist

Joseph Carbone

Next

2. On the website, please make sure you have entered all necessary information.

3. Please select the appropriate department and provider (if applicable) when making a prescription request(s).

*Please see example →*

4. Once you have completed this step, click on, "Next."

Once you are in the next page, **PLEASE WAIT FOR ATLEAST 5-10 SECONDS** for the page to fully load.

5. If, for example, you are making two prescription requests for different providers, please enter them separately in their appropriate boxes. (You can enter more than one medication in the boxes)

[See example →](#)

**Note:** The website will auto populate the medication name. If the medication name is not listed in the system, please fill out box 11.

6. Once you have completed this step, click on, **“Submit.”**



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#### Medication Details

10a. Primary care medication name and dosage

Abacavir Sulfate 20 MG/ML Oral Solution x Acetaminophen Extra Strength 500 MG Oral Tablet x

10b. Psychiatry medication name and dosage

Abilify 30 MG Oral Tablet x

11. If not listed above, please enter medication name and dosage. Please include name of department in parentheses.

Clindamycin 500 mg (Primary Care)

For example, Clindamycin 500 mg (Primary Care)

Previous

Submit