

Kroll Minor Ailments Ontario User Guide

March 2023





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When the tool is launched, I am seeing a second tab entitled Other Services. What is that used for?
Sample of the supplementary printout for the patient



Kroll Minor Ailments

Introduction

The pharmacist's scope of practice in many provinces includes the ability to assess and then prescribe appropriate therapy for patients who present with one or more of the Minor Ailment conditions listed as being approved. This document outlines the steps to follow when managing a patient encounter for a Minor Ailment assessment using the Kroll Minor Ailments module.

Store Configuration options that affect the Minor Ailment module

For the pharmacy team member who has the proper permissions:

From the Start screen:

Click File > Configuration > Store > Rx > 7-Counselling.

Store Level Configuration Parameters General Patient Drug Doctor <u>Bx</u> Vigilance Adjudication Labels	Reports Security Interfaces Order X - AR Y - To Do Cleanup	×
		Cui 🥃
	Filling <u>6</u> - Workflow <u>7</u> - Counseling <u>8</u> - Immunization <u>9</u> - CeRx <u>10</u> - Auto-Refill/Reminders	
Rx Counseling	Automatic Patient Counseling	
Allow editing counseling time	On new Rx	
Require electronic signature	Only flag if patient hasn't had the drug in the last 180 days On refills	
Use These Default Responses	On drug changes	
Counselling Accepted ~	For drug-based followups	
By Patient ~	Allow user to turn OFF automatic counseling for an Rx	
Method In Person 🗸		
	Professional Services	
Users permitted to finalize accepted counseling	Require document scan to complete a paper medication review	
Pharmacist 🗌 Licensed Technician	Enable electronic medication reviews	
Pharmacist Intern Pharmacy Tech Student	Allow editing counseling time	
Pharmacy Student Pharmacy Assistant	Require electronic signature for finalize	
🗌 IT Support	Adaptations/Extensions	
Visible Tabs	Other (Med Reviews, Minor Ailments, etc.)	
Hardcopy Rx Images	O Patient Letter	
Rx Workflow	Prompt to print letter Prompt to print letter	
Financial Packaging	Edit Templates	
	Default Rx selection date range	
	Medication Review Minor Ailments	
	Since last review In last 3 months	
	In last 12 months	
	OK Const	
Search	OK X Cancel	



Two configuration options impact the Minor Ailment module:

Require electronic signature for finalize

Other (Med Reviews, Minor Ailments, etc.)

If your system supports Electronic signature capture, click on this option.

Minor Ailments

In last X months

X represents how far Kroll will go back in the patient profile to select medications to be sent to RxConsultAction. **NOTE: The default is 3 months.**

Initiating the Minor Ailment session

The Minor Ailment tool can be initiated from one of two places:

From an appointment record with Type = Minor Ailment Consultation. Click Launch Service when ready to start.

	_						_	
Calendar	Calendar-Demo	~	Start Time	01/02/2023 13:00			□ <u>A</u> I	l day event
Туре	🛞 Minor Ailment Consultation 🗠	Launch Service	End Time	01/02/2023 13:30	30 minutes	~		Confirmed
Method	In Person	~	EnteredBy	Scott Belfer		on	2023-Feb-01	09:26:21
Patient	Demo, Minor Ailment	F3 Del		Stott Benef			2025 105 01	05.20.21
Send no	tifications to patient							
Pharmacist	Scott Belfer (SB)	~ Del						
		Cours	Class	Dalata				
		Save	<u>C</u> lose	<u>D</u> elete				

From the Professional Services area of the patient card. Click **Ins** and select **Minor** Ailment.



Postal	M1M 1M Country Canada V		Language English	·	Perform Clinical Analysis
Email	+ Send	Family Doctor	Height		View
Quick Code		F2 Clear	Weight	Load Delete	Alternate Addresses
Profess	ional Services				Appointments
N - New	P - Print/Reprint F - Claim Fe	e C - Cancel Claim 🗌 Show Rever	als		AR Profile
	D - Pharmacist Declined R - Patient R	efused W - Follow-ups		E <u>x</u> tra Functions 🔻	Authorized Agents
Items (0)	1			F2 Ins Del	Batches
Туре	Status	Fee Status Creat	ed Completed Follov	General Counseling	Charting
				Medication Review	Consents
				Professional Note Minor Ailment	Credit Cards
			L	Winor Aiment	Documents (0)
					EPrescribe Messages
					ERx Orders
					History
					Immunizations
					Limited Use Items
					Outbound Communications
					PharmacyLink Access
					Professional Services
					Rx Counseling History

Using the Tool

Once you have initiated the module, you will be presented with the Minor-Ailment-Select Data for Review screen. This screen notes medications in the patient's profile (based on the Store Configuration option) along with any drug allergies noted and medical conditions noted. Click on each tab to review the information noted. This information will be sent to the RxConsultAction tool.

~	inor Ailment - S	Select Data for Review			- C) ×		
Sho	w Rxs since						H	Pricing Profile
<u> </u>	ast Review	O Date 01/11/2022	efresh				Ľ	Not Disp./OTC Rxs
			•					Rxs Filled in Error
Rxs	(3/3) Allergie	es (1/1) Medical Conditions (1/1)						Suspended Rxs
	how discontini	ued Rys (0)						Transactions
anac						_		Perform Clinical Analysis
	Rx Num	Drug	Status	Fill Date + Days	Rem Qty			View
	1000713 1000712	Apo-Atorvastatin 20mg Apo-Metoprolol 25mg	Filled Filled	02/03/2023 02/03/2023	180 180	ው መ		Alternate Addresses
	1000712	Apo-Hydro 25mg	Filled	02/03/2023		₩ ₩		Appointments
	1000711	Apo Hjuro zoling	The d	02,00,2020	100		5	AR Profile
cline								Authorized Agents
							Del	Batches
IS								Charting
ling								Consents
								Credit Cards
								Documents (0)
								EPrescribe Messages
								ERx Orders
								History
								Immunizations
								Limited Use Items
								Outbound Communications
								PharmacyLink Access
		🗸 ок	× Cance	1				Professional Services
								Rx Counseling History



Click OK.

The RxConsultAction screen displays.

Minor Ailment - Vigilance RxConsultAction	Reviewed with Demo, Minor Ailment F2 - C ×
RXCONSULTACTION By Vigilance Santé	Ontario Français 🏫
Minor Ailments	
SEARCH CLINICAL SERVICES	Minor Ailment Demo Male, 51 years
PROPOSED SERVICES No results found	MEDICATIONS Apo Atorvastatin 20mg tablet • Apo Hydrochlorothiazide 25mg tablet • Apo Metoprolol 25mg tablet • Add a medication •
	INDICATIONS AND CONDITIONS Dyslipidemia (Atorvastatin)

Click on the **Minor Ailments** tab. The list of available Minor Ailments will display. Click on the **Minor Ailment that the patient is seeing you for**.



Minor Ailment - Vigilance RxConsultAction RxConsultACTION By Vigilance Santé Minor Ailments	Reviewed with Demo, Minor Ailment F2 — D X
Allergic rhinitis Herpes labialis Candidal stomatitis (oral thrush) Impetigo Conjunctivitis (bacterial, allergic or viral) Insect bites and urticaria (hives) Dermatitis (atopic, allergic or contact) Lyme disease (tick bites) Dysmenorrhea Musculoskeletal sprains and strains Gastroesophageal reflux disease Urinary tract infection (uncomplicated Hermorrhoids	Minor Ailment Demo Male, 51 years : MEDICATIONS Apo Atorvastatin 20mg tablet Apo Hydrochlorothiazide 25mg tablet Apo Metoprolol 25mg tablet Add a medication
	INDICATIONS AND CONDITIONS This information Dyslipidemia (Atorvastatin) is sent over and displayed for your

The Minor Ailment form displays.

Minor Ailment - Vigilance RxConsultAction RXCONSULTACTION By Vigilance Santé	Reviewed with Demo, Minor Ailment F2 — 🗆 Ontario Français 🏠
PRESCRIBE FOR A MINOR AILMENT Musculoskeletal sprains and strains Service date and time 2023-02-01 1 0 09.44 1	Minor Ailment Demo Male, 51 years MEDICATIONS Apo Atorvastatin 20mg tablet Apo Hydrochlorothiazide 25mg Apo Metoprolol 25mg tablet
CLAIM CONDITIONS Verify that the patient's free and informed consent has been obtained *Required Free and informed patient consent has been obtained (verbal or written) Means of communication used *Required Figure constants	INDICATIONS AND CONDITIONS Dyslipidemia (Atorvastatin)
Please select IDENTIFICATION OF THE CONDITION Signs and symptoms to identify the condition: * At least one draice must be selected	



Check that you have received consent from the patient.

Click on the down arrow on the Means of Communication field and select how the service will be delivered. NOTE: This is how Kroll will know what Fee for Service drug card to select when creating the Fee for Service prescription record.

The rest of the form is now accessible. Complete each section.

💋 Minor Ailment - Vigilance RxConsultAction	Reviewed with Demo, Minor Ailment F2 - C X
By Vigilance Santé	Ontario Français 🏫
IDENTIFICATION OF THE CONDITION	
Signs and symptoms to identify the condition: * At least one choice must be selected Bruising V inflammation (swelling, redness, warmth, etc.) Pain or tenderness Other	Document the signs and symptoms that the patient is experiencing.
EXCLUSION CONDITIONS	Document other factors being
Presence of one or more of the factors that may require a medical consultation: Injury for more than 14 days Inability to put weight on the injured limb Obvious fracture or joint deformity	experienced by the patient if applicable.
 Severe pain Significant functional impairment (severe instability, significant change in motion range, etc.) 	
Presence of signs or symptoms that may suggest another pathology: Signs and symptoms of a systemic infection (fever, chills, etc.)	Document whether the patient is experiencing signs or symptoms
PRESCRIBE	that may suggest another issue.
PRESCRIBE Add	

If a prescription is warranted, click **Add** in the Prescribe section.



💋 Minor Ailment - Vigilance RxConsultAction	Reviewed with Demo, Minor Ailment F2 - \Box $ imes$
RXCONSULTACTION By Vigilance Santé	Ontario Français 🏫
IDENTIFICATION OF THE CONDITION Signs and symptoms to identify the condition: * At least one choice must be selected Bruising Inflammation (swelling, redness, warmth, etc.) Pain or tenderness Other EXCLUSION CONDITIONS Presence of one or more of the factors that may require a medical consultation: Injury for more than 14 days Inability to put weight on the injured limb Obvious fracture or joint deformity Severe pain Significant functional impairment (severe instability, significant change in motion range, etc.)	
PRESCRIBE	

The Medication Selection screen displays. This screen will display the items included within the therapeutic category approved for the Minor Ailment.



MEDICATION SELECTION	×
Acetaminophen, 325mg, caplet (Tylenol)	A
Acetaminophen, 325mg, capsule (Tylenol)	
Acetaminophen, 325mg, tablet (Tylenol)	
Acetaminophen, 500mg, caplet (Tylenol)	
Acetaminophen, 500mg, capsule (Tylenol)	
Acetaminophen, 500mg, tablet (Tylenol)	
Acetaminophen, 650mg, 8h-tablet (Tylenol)	
Celecoxib, 100mg, capsule (Celebrex)	
Celecoxib, 200mg, capsule (Celebrex)	
Diclofenac, 100mg, 24h-tablet	
Diclofenac, 25mg, enteric tablet	
	•
Choose another medication × Cancel	

Scroll down and click on the drug that you wish to prescribe. The list of brands will display.

NOTE: The green checkmark indicates a brand covered by Ontario Drug Benefit. A red circle with the strikethrough indicates a brand NOT covered by Ontario Drug Benefit. An orange circle with an exclamation point indicates a brand with restricted coverage with Ontario Drug Benefit.



MEDICATION SELECTION	×
Celecoxib, 200mg, capsule (Celebrex)	
Diclofenac, 100mg, 24h-tablet	
Diclofenac, 25mg, enteric tablet	£.,
Diclofenac, 50mg, enteric tablet	
Diclofenac, 50mg, tablet	
Diclofenac, 75mg, 12h-tablet	
 Apo Diclo SR 75mg 12h-tablet (02162814) 	
Om Diclofenac SR 75mg 12h-tablet (02231664)	
 Sandoz Diclofenac SR 75mg 12h-tablet (02261901) 	
 Teva Diclofenac SR 75mg 12h-tablet (02158582) 	
Ibuprofen + acetaminophen, 125+250mg, tablet (Combogesic)	Ŧ
Choose another medication × Cancel	

Click on **the brand that you wish to prescribe**. The prescribe screen will appear with the necessary fields prepopulated. If you wish, you have the ability to add or modify the information.



🕖 Minor Ailment - Vigilanc	e RxConsultAction				Reviewed with Demo, Minor Ailment	×
~		ONSULTA Ince Santé	CTION		Ontario Français 🌧	
р	RESCRIBE					
	Authorized Medi	cation * A 5mg 12h-tablet (0216281	4)	x <mark>R</mark> x		
	Quantity *	Duration *	Refills *	End date * 2025-02-01		
	Sig *		until the en			
	Take 1 tablet da	ily with food - as needed	(Inflammation or pain)			
	Note on prescrip	tion				
				📋 Delete		
				Add		
R	EFER			Add		

If a referral is warranted as well, Click Add in the Refer section.



🕖 Minor Ailment - Vigiland	ce RxConsultAction		Reviewed with Demo, Minor Ailment	F2 – 🗆 🗙
~	RXCON By Vigilance Sa	I SULT ACTION anté	Ontario Français	1 🔺
F	REFER			
	Refer to: *	Physician 🗸		
	Add the consultation	on summary, including prescriptions and laboratory analysis, to or the patient		
	Precision:			
	Suggest that patient bo is not helping or the cor	ok an appointment with their physician if the suggested prescription ndition comes back		
		Delete		
		Add		
		Conclude intervention		

Click on the **arrow on the Refer to** field and select the Health care provider who is to receive the referral.

Click on the box to include the consultation summary.

Key enter the rationale behind the referral in the free form field.

Click Conclude Intervention.

If no referral is required, simply click **Conclude intervention** after reviewing the prescription details.

The Document Management screen displays.



Minor Ailment - Vigilance RxConsultAction RXCONSULTACTION By Vigilance Santé	Reviewed with Demo, Minor Ailment F2 — 🗆 Ontario Français 🏫
DOCUMENTATION MANAGEMENT	
CLAIM Claim service	

Under the Professional section on the left, click + adjacent to the **Recipient** field. The **Addition of a Recipient** screen displays.

Gender First name* Last name* Select License* Type* Physician	
License Type Physician	
	~
City Province Postal Code Quebec	
Phone Fax	



Click the down arrow on the **Quick selection of a prescriber** field. A list of the prescribers who prescribed the prescriptions that displayed within this tool will appear. Select the prescriber that you wish to send the notification to.

The screen will be auto populated with the necessary information for the selected recipient.

ADDITION OF A RECI	PIENT					×
Quick selection of a	prescriber					
Girard, Ryan (99669	99)					~
Gender	First name	*		Last name	*	
Select 🗸	Ryan			Girard		
License *		Туре *				
996699		Physicia	in			~
Address						
5102 48 St						
City			Province		Postal Code	
Yellowknife			Northwest Territories	~	X1A 1N6	
Phone			Fax			
(519) 781-2681			(416) 123-5678			
🖬 Save 🚫 Ca	ancel					

Click Save.



Minor Ailment - Vigilance RxConsultAction RXCONSU By Vigilance Santé	LT ACTION	Revie	wed with Demo, Minor Ailment Ontario Fran	F2 -	- 0
	Patient	_			
Summary No Recipient Summary ⊠ Ryan Girard Recipient	Print Fax Image: Constraint of the second	Print			
CLAIM	d save' any modification to the service won't be po				

Under the **Patient** section on the right, the Referral (if a referral has been set up) and the Prescription will be checked automatically. If you want to generate a supplemental document to hand to the patient, click on the desired document(s).



DOCUMENTATIO	N MANAGEMENT			
	Professional	Patient		
Summary No Recipient Summary S Ryan Girard	Pri	Print Referral -Physician Prescription Painful injury: heat or ic Patient information sheet Sprains and strains Patient information sheet	-	

NOTE: The Claim Service will be checked by default. If you know that the patient has exceeded their annual limit, you may choose to uncheck this option. This results in Kroll NOT creating a Fee for Service claim.

When complete, scroll down and click Finish and Save.



🕖 Minor Ailment - Vigili	ance RxConsultActior	1				F	Reviewed with [Demo, Minor	Ailme	nt	F2	—	\times
		CONSU lance Santé	JLTA	CTIC	N			Ontario		Français		*	
	P	Professional			Patient								
			Print	Fax	F	Print							
	Summary No Recipient	POP			Referral -Physician 📑 Prescription 📑	\mathbf{V}							
	Summary ⊠ Ryan Girard	û 🖊 🖥			Painful injury: heat or ic								
	Recipient			+	r duont mornation shoet								
	CLAIM												
	Claim servio	ce											
			adequately		ation to the service won't be possible. service before completing.								

Information from Rx ConsultAction will then be sent to Kroll

The documentation will automatically print. **NOTE: if you are using the integrated Kroll Fax module, the prescriber notification will automatically be sent to Kroll Fax and sent to the Prescriber.**

The Minor Ailment Screen will display.



Minor Ailment					×
Time spent	01:10	On 01/02/202	23 By	Scott Belfer (SB)	~
Assessment	Location				
Name	Test Pha	armacy			
Address	123 Any	Street, Vancou	iver BC,	V6B 0M3	
					View Summary
					View Summary
Prescribed F	Rx Action				
○ <u>D</u> ispense	now				
⊖ <u>U</u> nfill					
○ <u>O</u> ueue fo	or later				
○ <u>P</u> rint for	patient to	o take elsewhe	re		
		🗸 Fina	lize and	d Claim Fee	

You are presented with a number of options:

- **Dispense Now** Kroll will automatically create the prescription record and display it for you to review.
- **Unfill** Kroll will automatically create the prescription record with the Unfill status noted
- Queue for Later Kroll will automatically create the prescription record and place it in the ToDo queue
- Print for patient to take elsewhere Kroll will NOT create a prescription record, however it will print the prescription that you would then sign and hand to the patient. This is used when the patient has indicated that they wish to have the prescription filled somewhere else.
- **View summary** When selected, the consultation summary is displayed.



andri	nation for yo Test Pha	annacy							
20	123 Any	Street							
\sim	Vancouv T:	er, BC, V6B0M3 F:							
Patien		Minor Ailment			llergies	Nor	e known		
Addre Age	18.8	123 Any Stree 51 years	t, Anytown, Ontar	io, M1M1M1					
Gende	er	Male							
Birthd	iate	1971-09-25							
Servio	ce date 202	3-02-01 09:55							
			Mu	Prescribe for a l sculoskeletal sp					
CLAIN		NS							
Verify	y that the pa	tient's free and	informed conser	nt has been obtai	ined				
				ained (verbal or w					
Mean	ns of commu	nication used	n person						
IDENT	TIFICATION O	OF THE CONDIT	ION						
Signs	s and sympt	oms to identify	the condition:	Bruising					
-				Inflammation (s		ess, warmth	, etc.)		
			6	Pain or tendem	688				
EXCL	USION CON	DITIONS							
			-	require a medica		m: None			
Prese	ence of sign		-	require a medica st another pathol		en: None			
Prese PHAR	ence of sign MACIST'S P	s or symptoms	that may sugges	-	ogy: None		- /		
Prese PHAR	ence of sign MACIST'S P Medication	s or symptoms RESCRIPTION	that may sugges	st another pathol	ogy: None Quantity	Duration		End date 2025-02-01	
Prese PHAR	ence of sign MACIST'S P	s or symptoms RESCRIPTION	that may sugges	another pathol	ogy: None		Ref. 0	End date 2025-02-01	
Prese PHAR	ence of sign MACIST'S P Medication Apo Diclo SR lablet	s or symptoms RESCRIPTION	that may sugges Sig Take 1 tablet da	another pathol	ogy: None Quantity	Duration			
Prese PHAR	ence of sign MACIST'S P Medication Apo Diclo SR lablet	s or symptoms RESCRIPTION	that may sugges Sig Take 1 tablet da	another pathol	ogy: None Quantity	Duration			
Prese PHAR	ence of sign IMACIST'S P Medication Apo Diclo SR (ablet R to	s or symptoms RESCRIPTION	that may sugges Sig Take 1 tablet da needed (Inflamn Precision	it another pathol ily with food - as nation or pain}	ogy: None Quantity 14	Duration 14	0	2025-02-01	
Prese PHAR	ence of sign IMACIST'S P Medication Apo Diclo SR (ablet R to	s or symptoms RESCRIPTION	that may sugges Sig Take 1 tablet da needed (Inflamn Precision Suggest that p	another pathol ally with food - as nation or pain}	ogy: None Quantity 14	Duration 14	0		ion is not
Prese PHAR	ence of sign IMACIST'S P Medication Apo Diclo SR (ablet R to	s or symptoms RESCRIPTION	that may sugges Sig Take 1 tablet da needed (Inflamn Precision Suggest that p	it another pathol ily with food - as nation or pain}	ogy: None Quantity 14	Duration 14	0	2025-02-01	ion is not
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Prese PHAR	ence of sign IMACIST'S P Medication Apo Diclo SR (ablet R to	s or symptoms RESCRIPTION	that may sugges Sig Take 1 tablet da needed (Inflamn Precision Suggest that p	another pathol ally with food - as nation or pain}	ogy: None Quantity 14	Duration 14	0	2025-02-01	ion is not
Prese PHAR	ence of sign IMACIST'S P Medication Apo Diclo SR (ablet R to	s or symptoms RESCRIPTION	that may sugges Sig Take 1 tablet da needed (Inflamn Precision Suggest that p	another pathol ally with food - as nation or pain}	ogy: None Quantity 14	Duration 14	0	2025-02-01	ion is not
Prese PHAR	ence of sign IMACIST'S P Medication Apo Diclo SR (ablet R to	s or symptoms RESCRIPTION	that may sugges Sig Take 1 tablet da needed (Inflamn Precision Suggest that p	another pathol ally with food - as nation or pain}	ogy: None Quantity 14	Duration 14	0	2025-02-01	ion is not
Prese PHAR	ence of sign IMACIST'S P Medication Apo Diclo SR (ablet R to	s or symptoms RESCRIPTION	that may sugges Sig Take 1 tablet da needed (Inflamn Precision Suggest that p	another pathol ally with food - as nation or pain}	ogy: None Quantity 14	Duration 14	0	2025-02-01	ion is not
Prese PHAR	ence of sign IMACIST'S P Medication Apo Diclo SR (ablet R to	s or symptoms RESCRIPTION	that may sugges Sig Take 1 tablet da needed (Inflamn Precision Suggest that p	another pathol ally with food - as nation or pain}	ogy: None Quantity 14	Duration 14	0	2025-02-01	ion is not
Prese PHAR	ence of sign IMACIST'S P Medication Apo Diclo SR (ablet R to	s or symptoms RESCRIPTION	that may sugges Sig Take 1 tablet da needed (Inflamn Precision Suggest that p	another pathol ally with food - as nation or pain}	ogy: None Quantity 14	Duration 14	0	2025-02-01	ion is not
Prese PHAR	ence of sign IMACIST'S P Medication Apo Diclo SR (ablet R to	s or symptoms RESCRIPTION	that may sugges Sig Take 1 tablet da needed (Inflamn Precision Suggest that p	another pathol ally with food - as nation or pain}	ogy: None Quantity 14	Duration 14	0	2025-02-01	ion is not
Prese PHAR	ence of sign IMACIST'S P Medication Apo Diclo SR (ablet R to	a or symptoms RESCRIPTION 75mg 12h-	that may sugges Sig Take 1 tablet da needed (Inflamn Suggest that p helping or the	ily with food - as nation or pain) vatient book an ap condition comes t	ogy: None Quantity 14	Duration 14	0	2025-02-01	ion is not
Prese PHAR	ence of sign IMACIST'S P Medication Apo Diclo SR (ablet R to clan	s or symptoms RESCRIPTION 75mg 12h-	that may sugges Sig Take 1 tablet da needed (Inflamn Suggest that p helping or the	ily with food - as nation or pain) nation book an ap condition comes t	ogy: None Quantity 14	Duration 14	0 id an if the	2025-02-01 suggested prescript	
Prese PHAR	MACIST'S P Medication Apo Dicko SR lablet R to cian	s or symptoms RESCRIPTION 75mg 12h-	that may sugges Sig Take 1 tablet da needed (Inflamm Precision Suggest that p helping or the ott Balfer (#95764	ily with food - as nation or pain) vatient book an ap condition comes t	ogy: None Quantity 14 pointment wit sack	Duration 14 th their phys	0 id an if the Do	2025-02-01	a hard



Minor Ailment					×
Time spent	01:10	On 01/02/2023	By S	cott Belfer (SB)	~
Assessment	Location				
Name	Test Pha	rmacy			
Address	123 Any	Street, Vancouver	BC, V	6B 0M3	
					View Summary
Prescribed	Rx Action				
Prescribed ODispense					
O <u>D</u> ispense ○ <u>U</u> nfill	now				
 <u>D</u>ispense <u>U</u>nfill <u>Q</u>ueue for 	e now or later				
 <u>D</u>ispense <u>U</u>nfill <u>Q</u>ueue for 	e now or later	o take elsewhere			

Click Finalize and Claim Fee

If Electronic Signature capture is enabled, you will be prompted for your signature. If it is not activated, you will physically sign the document generated and scan it back into Kroll using the Document Scan utility.

_			٢
Patient: Demo, Minor A	ilment		
	Minor Ailment		
	Scott Belfer		
Done	Clear	Cancel	
TELUS Hea	lth	Kroll™ Virtual Signature Table	t



The fee for service F12 screen will display with the correct Drug card preselected.

F3 -	- Patient	F5 - Drug	F7 -	Doctor F	9 - Workflow	T		op-off		F12 - Fill	Rx	Alt+X - Start	
	New Rx	Pending Adj				Rx Start Date Lat 01/02/2023 0	est Fill Qty			Init	🗸 Lookup	Cancel	≪ Rx
Priorit <u>v</u>	Tomorrow	✓ F2	Due	in 23h 2m	Fill Rx	F2 Work Order	28727 F2	Delivery	Picku	p	~		Transfer Rx From Another Sto
atient	Search			<u>D</u> rug Searc	:h	1	V Pack	D <u>o</u> c Sear	ch		Loc 0	ffice \vee	Call Doctor
lame	Demo, Mir	nor Ailment	Age:	51 Brand	Musculoskel	etal Sprains & Strain				elfer, Scott			Counsel Patient on Pickup
	123 Any St	reet	Mal			Ailment Services		Address					
ity	Anytown	(416) 555-2316	Prov ON	Pack	1 Form	Sched 1		City Phone	Toron	ito 837-7369		Prov ON	View
hone Ian	Cell ODB	(416) 555-2316 Client ID 423142778	20	DIN ODB MAC	51 09858221	9.00 OnHand 0 Min Qty 0	No image	Lic#	96784		Alt. Lic	#	
un	000	Circlic 10 425142770			03030221	Will Qty 0		Cite.	50101				Plan Information
													👌 Patient Plan Information
llergie				Sig				Init	SB	SB	Auth Qty	1 1	E Generic Equivalents
lo Kn	own Drug A	llergies						Disp <u>O</u> ty	1		Rem Qty	1 1	I 🔓 Unit Dose Info
								Days	1	_	G.P. %	100) ¢ Work Order
tat	ons (1)			_				Prod Sel	3 - Pł	harmacis ~	Acq Cost	\$0.00	To Courseing history
	ons (1) tensive hea	rt disease						O/W	Writte	en v	Cost	\$0.00	Modeflow
yper	censive neu	(discuse		Route of A	dmin		\sim	Labels	1	1 F2	Markup	\$0.00	V Sand Px to Trouble
				Dosage Fo	rm		\sim	-			Fee Total	\$19.00 \$19.00	
Plans	Pricing	Dates Comments	Indications	lananas Otha		Unit Dose (Ctrl-U): D	icabled				IOLAI	\$19.00	
Rx Plar		Plan Pays Extr		2	·	No Sig Code	isubicu						Workflow Push Queues
DDB	~	Not Adjud. Inter				A ODB Drug Plan	Intervention: I	ic i					Rxs In Progress
Cash	~	Not Adjud. Ded				Rx will expire o			is fron	n written o	(ate)		Packaging
						To Do: Minor A		(750 day	13 11 011	ii writteri t	acc)		Verify/Sign
						This is a Fee for		ription					Incomplete Pickup
						Delivery Label							
evt Di	sp Qty	Min Interval Da	VS	Enable Auto	-Refill	,,							
icat Di	sp cecy	Max Disp Qty	· · · · · ·										

Key enter MINOR AILMENT into the SIG field.

Click **F12-Fill Rx** to continue and process the Fee for Service claim OR click **Cancel** which will place the record into the ToDo queue to be processed at a later time.

Once the Fee for Service claim has been completed (or moved to the ToDo queue), the F12 screen with the prescription details will display.



F3 - Patient	F5 - Drug	F7 - Doc	tor F	9 - Workflow	F10 - Pickup	F11 - D	rop-off		F12 - Fill	Rx	Alt+X - Start	
New R	x Pending Adj				Rx Start Date Latest 01/02/2023 0	Fill Qty			Init	🗸 Looku	p 🗙 Cancel	[⊗] Rx Make Rx Unfilled
riorit <u>y</u> Tomorrov	v ~ F2	Due in 2	3h Om	Fill Rx	F2 Work Order 287	27 F2	Delivery	Pickup	р	~		Make Rx Onlined
atient Search			<u>D</u> rug Sear	ch	100	~ Pack	D <u>o</u> c Searc	th		Loc (Office 🗸 🗸	Make Rx Stock Transfer
	/inor Ailment	Age: 51	Brand	Apo-Diclo SR	75r	-			elfer, Scott			🐰 Adapt Rx
ddress 123 Any	1	Prov ON	Generic	Diclofenac Sod		APX (Apo	Address City	25 Yor Toroni			Prov ON	👫 Add Rx Image
ity Anytow hone Cell	(416) 555-2316		Pack ODB BAP	100 Form T/ \$24.	AB Sched 1 33 OnHand 0				837-7369			Transfer Rx From Another
lan ODB	Client ID 4231427780		DIN	02162814	Min Qty 0	-	Lic#	96784		Alt. Li	:#	Call Doctor
												Sector Counsel Patient on Pickup
llergies (1)			<u>S</u> ig Take 1	tablet daily wit	h food - as needed (Inf	lammation	Init	SB	SB	Auth Qty	14 1	Print Kroll Care
No Known Drug	Allergies		TAKE 1 TA	ABLET DAILY WI	TH FOOD - AS NEEDED		Disp <u>O</u> ty	14	TAB	Rem Qty	14 1	C Owe Quantity
			(INFLAM	MATION OR PAI	N)		Days	14		G.P. %	72.74	View
Conditions (1)							Prod Sel	(NON	IE) ~	Acq Cost	\$3.41	Cript Image
Hypertensive h	eart disease						O/W	Writte	en ~	Cost Markup	\$3.41	Rx Images (1)
			Route of A	-	ral	~	<u>L</u> abels	1	1 F2	Fee	\$8.83	() Clinical Interactions
			Dosage Fo	orm Ta	ablet, Extended Release	24 Hr 🗸				Total	\$12.51	👆 Patient Plan Information
Plans Pricing	Dat <u>e</u> s Comments I	ndications Im	ages Othe	er U	Init Dose (Ctrl-U): Disa	bled						E Generic Equivalents
Rx Plans	Plan Pays Extra				🚹 Not enough inven	-						C Unit Dose Info
Cash ·	2 12.51 Deduc	ct: \$12.51			Rx will expire on 2		(730 day	s from	n written o	date)		⇔ Work Order
					To Do: Minor Ailm Delivery Label will							Rx Counseling History
					Script Image avail							Workflow
					Counsel Patient or							V Send Rx to Trouble
lext Disp Qty	Min Interval Days	s	Enable Auto	-Refill								🚛 View Workflow Detail
Comments	Max Disp Qty											Workflow Push Queues
												Rxs In Progress
				-								Packaging

The image of the prescription will be automatically saved to the prescription record. To view, click the **Images tab** in the lower left section of the record and then click the blue **View Image** hyperlink.



🕖 1-New Rx for Demo, Minor Ail	nent	– 🗆 X
File Edit Recent Rx View	🖉 Rx Images — 🗆 X	
F3 - Patient F5 - Dru		
New Pre Dendine Add	Script Image × ♥ New	Rx
New KX Pending Adj	🖬 🥩 🛃 Zoom <u>45</u> % q. 🔍 🗈 了 🖓 着 造	🗟 Make Rx Unfilled
Priority Tomorrow	Prescription Peer/1	😡 Make Rx Not Dispensed
Patient Search	Талананан Таланан Таланан Таланан	🐑 Make Rx Stock Transfer
Name Demo, Minor Ailment	Polised Minor Alternal Dance Analysis Manalysis Nonsinstein Alternalise	👗 Adapt Rx
Address 123 Any Street	Age Grave Georger J. Anno Beneficial Bereficiale 1977-05-23	🚰 Add Rx I <u>m</u> age
City Anytown Phone Cell (416) 555-2	Prescription Date: 2(2)-42-01 09:56	Transfer Rx From Another
Plan ODB Client ID 4231		Call Doctor
	Application of the second	Counsel Patient on Pickup
Allergies (1)		Print Kroll Care
No Known Drug Allergies		-
		C Owe Quantity
		View
Conditions (1)		🕞 Script Image
Hypertensive heart disease		Rx Images (1)
		Clinical Interactions
		Patient Plan Information
Plans Pricing Dates Comm		E Generic Equivalents
Script Image		C Unit Dose Info
	South Beller (18074) Date MP30007 The search provide a transmission of the search provide a transmission of the search provide transmission of the search pr	¢> Work Order
	Brightness Contrast Saturation	Rx Counseling History
		Workflow
	Type Script Image V Primary Print Script Image Report	V Send Rx to Trouble
	Reference # Scanned by: Scan Date: 01/02/2023 # Rxs on page: Rx is # \lor on page \lor	🚛 View Workflow Detail
		Workflow Push Queues
	X Close	Rxs In Progress
1		Packaging

Click Close.

When you are ready, click F12 - Fill Rx to continue.



The Patient Card

Whenever a Minor Ailment session has been initiated, Kroll will automatically create a Minor Ailment line item in the Professional Services history section of the patient card.

~		o, Minor Ailm			10.002 KH I				10							- 0	\times
File Edit		F5 - Di		F7 - Docto	Utilities NH r F9 - W	orkflow	on Help F10 - Pic			rop-off	1	rt New Rx	Alt	+X - Start			
Last Name	Demo			First N	lame Minor Ail	ment	Salutat	ion M	r.	~	ок	🖉 Save	ĥ	🗙 Scan	1L	Refillable Rxs	
Address 1	100.4-	Charact			Phone Numb	ers (1)		Ins Del	Birthdate						1	Pricing Profile	
Address 2	123 Any	Street			Description	Phone					971					Not Disp./OTC Rxs	
				_	Cell	(416) 555-	2316		Age	51 years						Rxs Filled in Error	
City	Anytow	_		Prov ON ~					Gender	Male	~				Г	Suspended Rxs	
Postal	M1M 1	M ^{Country}	Canada	~					Language	English	~					Transactions	
Email				+ Send	Family Doctor				Height		+					Perform Clinical Analysis	
Quick Code							F2	Clear	Weight		•	Loa	d	Delete		View	
Profess	ional S	ervices													IF.	Alternate Addresses	
N - New	P - Pr	int/Reprint		F - Call up	C - C	ancel Claim	Show	Revers	als						ĮĽ	Appointments	
					lefused W - Fe			1100013					E <u>x</u> tra	Functions 🔻		AR Profile	
Items (1)						-								F2 Ins D	e	Authorized Agents	-11
Type		Stat			Eee Sta			Create			Follow-ups			leted By Re	Ŀ	Batches	-11
Minor Ailm	ent - mus	culoskele Coi	npleted El	ectronic	Claime	d		01/02/	2023 01	/02/2023		SB	SB	0		Charting	-11
																Consents	-11
															lŀ	Credit Cards	-11
															l ŀ	Documents (4)	-11
															U. I	EPrescribe Messages	-11
															u ba	ERx Orders	-11
															l ŀ	History	-11
															- 11	Immunizations	-11
															- 11	Limited Use Items	-11
															- 11	Outbound Communication	
															- 11	PharmacyLink Access	<u> </u>
																Professional Services (1)	
																Rx Counseling History	
—															- 12-	RX Counseling History	

Column Headers:

- **Type** the type of Minor Ailment
- Status indicates the status of the encounter record
- Fee Status notes if the Fee for Service claim has been paid
- Created the date the record was created
- **Completed –** the date the record was completed
- **Follow ups** will note follow up created (Phase 2)
- Started by initials of the person on the terminal when the record was started
- **Completed by** initials of the person on the terminal when the record was completed



- Provided by name of the pharmacist who conducted the consultation
- Drug(s) drug(s) prescribed during the consultation

To view the details of the professional service record, highlight the desired line item and click or press F2.

Created	01/02/2023 09:40	Status	Completed Electronic	Fee Status Claim	ed	Fee Rx	1000715
Started	01/02/2023 09:40	Reviewed By	Scott Belfer	Fee Processed By		Fee	19.00
		- 1	Demo, Minor Ailment	-			PS
ompleted	01/02/2023 11:10	Reviewed with	Demo, Minor Ailment	Fee Processed	01/02/2023 11:10	Fee Code	rs
2023-02-01	10:52 AM Referral	form - Physician	Prescription Service summary (Rya	an Girard)			
	Zoom 100 % 🤆) # B	,			
			2 wr 4w				
							1
-						Page 1 / 1	
E.	xpanded Scop	e Activities iles				rage 17 1	
	Test Pharm						
	123 Any Stre Vancouver, I						
_	T: (647) 462-		263-0000				
	atient N	9587 F: (800) : inor Ailment Demo	Allergie	s None ki	nown		
A	atient M ddress 1	9587 F: (800) : inor Ailment Demo		s None ki	nown		
Ac Ac Go	atient M ddress 1: ge 5 ender M	9587 F: (800) : inor Ailment Demo 23 Any Street, Anyte 1 years ale	Allergie	s None ki	nown		
Ac Ac Bi	atient M ddress 1. ge 5 ender M irthdate 1	9587 F: (800) : inor Ailment Demo 23 Any Street, Anyto 1 years ale 971-09-25	Allergie	s None ki	nown		
Ac Ac Bi	atient M ddress 1: ge 5 ender M	9587 F: (800) : inor Ailment Demo 23 Any Street, Anyto 1 years ale 971-09-25	Allergie: own, Ontario, M1M1M1		nown		
Ac Ac Bi	atient M ddress 1. ge 5 ender M irthdate 1	9587 F: (800) : inor Ailment Demo 23 Any Street, Anyto 1 years ale 971-09-25	Allergie	ilment	nown		
Ac G Bi Sc	atient M ddress 1. ge 5 ender M irthdate 1	9587 F: (800) : inor Ailment Demo 23 Any Street, Anyto 1 years ale 971-09-25	Allergie: own, Ontario, M1M1M1 Prescribe for a Minor A	ilment	lown		
Ad G Bi Se Cl	atient M ddress 1 ge 5 ender M irthdate 1 ervice date 2023-0 LAIM CONDITIONS	9587 F: (800) : inor Ailment Demo 23 Any Street, Anyte 1 years ale 971-09-25 2-01 09:55	Allergies own, Ontario, M1M1M1 Prescribe for a Minor A Musculoskeletal sprains a ned consent has been obtained	ilment	nown		
Ad G Bi Sc Cl	atient M ddress 1 ge 5 ender M irthdate 1 ervice date 2023-0 LAIM CONDITIONS /erify that the patien ☑ Free and informed	9587 F: (800) : inor Ailment Demo 23 Any Street, Anyte 1 years ale 971-09-25 2-01 09:55 t's free and inform patient consent has	Allergies own, Ontario, M1M1M1 Prescribe for a Minor A Musculoskeletal sprains a ned consent has been obtained s been obtained (verbal or written)	ilment	nown		
Ad G Bi Se Cl	atient M ddress 1 ge 5 ender M irthdate 1 ervice date 2023-0 LAIM CONDITIONS	9587 F: (800) : inor Ailment Demo 23 Any Street, Anyte 1 years ale 971-09-25 2-01 09:55 t's free and inform patient consent has	Allergies own, Ontario, M1M1M1 Prescribe for a Minor A Musculoskeletal sprains a ned consent has been obtained s been obtained (verbal or written)	ilment	nown		
Ac Gi Bi Sc Cl V V L I N	atient M ddress 1 ge 5 ender M irthdate 1 ervice date 2023-0 LAIM CONDITIONS /erify that the patien ☑ Free and informed	9587 F: (800) : inor Ailment Demo 23 Any Street, Anyte 1 years ale 971-09-25 2-01 09:55 t's free and inform patient consent has ation used In person	Allergies own, Ontario, M1M1M1 Prescribe for a Minor A Musculoskeletal sprains a ned consent has been obtained s been obtained (verbal or written)	ilment	nown		
Ad Ag G Bi Se Cl V E N N	atient M ddress 1 ge 5 ender M irthdate 1 ervice date 2023-0 LAIM CONDITIONS /erify that the patien ☑ Free and informed Means of communic	9587 F: (800) : inor Ailment Demo 23 Any Street, Anyte 1 years ale 971-09-25 2-01 09:55 t's free and inform patient consent has ation used In person THE CONDITION	Allergies own, Ontario, M1M1M1 Prescribe for a Minor A Musculoskeletal sprains a ned consent has been obtained s been obtained (verbal or written)	ilment	nown		
Ac Gr Bi Sc Cl V E M ID	atient M ddress 1 ge 5 ender M irthdate 1 ervice date 2023-0 LAIM CONDITIONS /erify that the patien ☑ Free and informed Means of communic DENTIFICATION OF Signs and symptome	9587 F: (800) : inor Ailment Demo 23 Any Street, Anyte 1 years ale 971-09-25 2-01 09:55 t's free and inform patient consent has ation used In person THE CONDITION	Allergies own, Ontario, M1M1M1 Prescribe for a Minor A Musculoskeletal sprains a ned consent has been obtained s been obtained (verbal or written) on ndition:	ilment nd strains	.)		
Ac Gr Bi Sc Cl V E M ID	atient M ddress 1 ge 5 ender M irthdate 1 ervice date 2023-0 LAIM CONDITIONS /erify that the patien ☑ Free and informed Means of communic	9587 F: (800) : inor Ailment Demo 23 Any Street, Anyte 1 years ale 971-09-25 2-01 09:55 t's free and inform patient consent has ation used In person THE CONDITION	Allergie: own, Ontario, M1M1M1 Prescribe for a Minor A Musculoskeletal sprains a ned consent has been obtained s been obtained (verbal or written) on mdition:	ilment nd strains	.)	ration	

The information noted in the Brown coloured header is similar to the column headers in the Professional Service history. It also includes details of the Fee for Service claim: specifically, the status, who processed the claim, the date it was processed, the Rx number of the claim, the Fee and the intervention code included.

The documents generated can be viewed by clicking on the tabs.

Tab with the Date and time – displays the complete consultation summary document



• **Referral Form - Physician tab** (NOTE: If the referral is intended for another healthcare provider, that healthcare provider will be noted). The referral form displays.

			·	6				1000745
Created	01/02/2023 0		Status	Completed Electronic	Fee Status Claim		Fee Rx	1000715
Started	01/02/2023 0		Reviewed By	Scott Belfer	Fee Processed By		Fee	19.00
Completed	01/02/2023 1	1:10 F	Reviewed With	Demo, Minor Ailment	Fee Processed	01/02/2023 11:10	Fee Code	PS
2023-02-01	1 10:52 AM Ref	erral form	n - Physician	Prescription Service summary	(Rvan Girard)			
	Zoom 100				(
	100 IO	70 🔍 🤄		2				
								1
R	Request for	referra	al				Page 1 / 1	
	- Test Pl	harmacy	,					
		y Street						
	Vancou	iver, BC,	V6B0M3	263-0000				
	Vancou T: (647)	iver, BC,) 462-958	B7 F: (800)	263-0000				
	Vancou T: (647)	iver, BC,) 462-958 Minor	F: (800) F Ailment Demo	o Alle	ergies None I	nown		
A	Vancou T: (647) Patient Address	iver, BC,) 462-958 Minor 123 4	B7 F: (800) r Ailment Demo Any Street, Any		ergies None I	nown		
A	Vancou T: (647) Patient Address	iver, BC,) 462-958 Minor 123 4 51 ye	87 F: (800) r Ailment Demo Any Street, Any ears	o Alle	ergies None I	nown		
A A G	Vancou T: (647) Patient Address	iver, BC,) 462-958 Minor 123 / 51 ye Male	87 F: (800) r Ailment Demo Any Street, Any ears	o Alle	ergies None I	nown		
A A G B	Vancou T: (647) Vatient Address Sender	Ver, BC, 462-958 Minor 123 / 51 ye Male 1971	B7 F: (800) r Ailment Demo Any Street, Any ears -09-25	o Alle	ergies None I	nown		
A A G B	Vancou T: (647) Patient Address Age Sender Sirthdate	Ver, BC, 462-958 Minor 123 / 51 ye Male 1971	B7 F: (800) r Ailment Demo Any Street, Any ears -09-25	Alle town, Ontario, M1M1M1 Prescribe for a Mir	nor Ailment	nown		
A A G B	Vancou T: (647) Patient Address Age Sender Sirthdate	Ver, BC, 462-958 Minor 123 / 51 ye Male 1971	B7 F: (800) r Ailment Demo Any Street, Any ears -09-25	Alle town, Ontario, M1M1M1	nor Ailment	nown		
A G B S	Vancou T: (647) Patient Address uge Sender Sinthdate Service date 20	iver, BC, 462-958 123 / 51 ye 1971 123-02-01	F: (800) r Ailment Demo Any Street, Any ears -09-25 1 09:55	Alle town, Ontario, M1M1M1 Prescribe for a Mir	nor Ailment	nown		
A G B S	Vancou T: (647) Patient Address uge Sender Sinthdate Service date 20	iver, BC, 462-958 123 / 51 ye 1971 123-02-01	F: (800) r Ailment Demo Any Street, Any ears -09-25 1 09:55	Alle town, Ontario, M1M1M1 Prescribe for a Mir Musculoskeletal sprai	nor Ailment	nown		
A G B S R P	Vancou T: (647) Patient Address Geoder Binthdate Gervice date 20 Referral request	iver, BC, 462-958 123 / 51 ye 1971 123-02-01	F: (800) r Ailment Demo Any Street, Any ears -09-25 1 09:55	Alle town, Ontario, M1M1M1 Prescribe for a Mir Musculoskeletal sprai	nor Ailment	nown		
A G G S R P P	Vancou T: (647) Patient Address Gender Birthdate Referral request Physician Precision	iver, BC,) 462-958 Minoi 123 A 51 ye Male 1971 123-02-01	F: (800) r Ailment Demo Any Street, Any ears -09-25 1 09:55	Alle town, Ontario, M1M1M1 Prescribe for a Mir Musculoskeletal sprai	nor Ailment ins and strains		o comes back	
A G B S R P P	Vancou T: (647) Patient Address Gender Birthdate Referral request Physician Precision	iver, BC,) 462-958 Minoi 123 A 51 ye Male 1971 123-02-01	F: (800) r Ailment Demo Any Street, Any ears -09-25 1 09:55	Alle town, Ontario, M1M1M1 Prescribe for a Mir Musculoskeletal sprai y pharmacy consultation: t with their physician if the sug	nor Ailment ins and strains gested prescription is not		o comes back	
A G B S R P P	Vancou T: (647) Patient Address Gender Birthdate Referral request Physician Precision	iver, BC,) 462-958 Minoi 123 A 51 ye Male 1971 123-02-01	F: (800) r Ailment Demo Any Street, Any ears -09-25 1 09:55	Alle town, Ontario, M1M1M1 Prescribe for a Mir Musculoskeletal sprai y pharmacy consultation:	nor Ailment ins and strains gested prescription is not		n comes back	
A G B S R P P	Vancou T: (647) Patient Address Gender Birthdate Referral request Physician Precision	iver, BC,) 462-958 Minoi 123 A 51 ye Male 1971 123-02-01	F: (800) r Ailment Demo Any Street, Any ears -09-25 1 09:55	Alle town, Ontario, M1M1M1 Prescribe for a Mir Musculoskeletal sprai y pharmacy consultation: t with their physician if the sug	nor Ailment ins and strains gested prescription is not		n comes back	
A G G S R P P	Vancou T: (647) Patient Address uge Sender Birthdate Bervice date 20 Referral request Physician Precision Buggest that patie	ver, BC,) 462-958 Minoi 123 / 51 ye Male 1971 123-02-01 followin ant book :	F: (800) r Ailment Demo Any Street, Any ears -09-25 1 09:55	Alle town, Ontario, M1M1M1 Prescribe for a Mir Musculoskeletal sprai y pharmacy consultation: t with their physician if the sug	nor Ailment ins and strains gested prescription is not		n comes back	
A G G S R P P	Vancou T: (647) Patient Address Gender Birthdate Referral request Physician Precision	iver, BC,) 462-958 Minoi 123 / 51 ye Male 1971 123-02-01 followin ent book :	F: (800) r Ailment Demo Any Street, Any ears -09-25 1 09:55	Alle town, Ontario, M1M1M1 Prescribe for a Mir Musculoskeletal sprai y pharmacy consultation: t with their physician if the sug	nor Ailment ins and strains gested prescription is not ummary	helping or the condition	n comes back	



Prescription tab-displays the prescription

Created	01/02/2023 09:40	Status	Completed Electronic	Fee Status	s Claim	ed	Fee Rx	10007
tarted	01/02/2023 09:40	Reviewed By	Scott Belfer	Fee Proce	ssed By	Scott Belfer	Fee	19
Completed	01/02/2023 11:10		Demo, Minor Ailment	Fee Proce		01/02/2023 11:10	Fee Code	
2022 02 01		DI	Processintian o	(D. C'. D				
	Zoom 100 % 🔍		Prescription Service summar	(Ryan Girard)				
• 💚 🗠	[] 200m 100 % Q		2					
		inor Ailment Demo 3 Any Street, Any	All town, Ontario, M1M1M1	ergies	None k	nown		
Ag Ge	ge 51	years ale						
	under ivid							
	irthdate 19	71-09-25						
Pro	irthdate 19	23-02-01 09:55						
Pr	irthdate 19 rescription Date 202 HARMACIST'S PRES	23-02-01 09:55 CRIPTION		Quantity Dura	tion R	ef. End date		
Pro	irthdate 19 rescription Date 202 HARMACIST'S PRES	23-02-01 09:55 CRIPTION Sig ng 12h- Take	e 1 tablet daily with food - as led (Inflammation or pain)	Quantity Dura 14 14	i tion R 0			
Pr	Inthdate 19 rescription Date 202 HARMACIST'S PRES Medication Apo Diclo SR 75m	23-02-01 09:55 CRIPTION Sig ng 12h- Take	e 1 tablet daily with food - as led (Inflammation or pain)					
Pr	Inthdate 19 rescription Date 202 HARMACIST'S PRES Medication Apo Diclo SR 75m	23-02-01 09:55 CRIPTION Sig ng 12h- Take	e 1 tablet daily with food - as led (Inflammation or pain)					
Pr	Inthdate 19 rescription Date 202 HARMACIST'S PRES Medication Apo Diclo SR 75m	23-02-01 09:55 CRIPTION Sig ng 12h- Take	e 1 tablet daily with food - as led (Inflammation or pain)					
Pr	Inthdate 19 rescription Date 202 HARMACIST'S PRES Medication Apo Diclo SR 75m	23-02-01 09:55 CRIPTION Sig ng 12h- Take	a 1 tablet daily with food - as led (Inflammation or pain)					
Pr	Inthdate 19 rescription Date 202 HARMACIST'S PRES Medication Apo Diclo SR 75m	23-02-01 09:55 CRIPTION Sig ng 12h- Take	e 1 tablet daily with food - as led (Inflammation or pain)					



Service Summary (prescriber's name) tab- displays what is to be or was sent to the Prescriber

	01/02/2023 09:40	Status	Completed Electronic		Fee Status Claim	ed	Fee Rx	1000715
Started	01/02/2023 09:40	Reviewed By	Scott Belfer		Fee Processed By	Scott Belfer	Fee	19.00
Completed	01/02/2023 11:10	Reviewed With	Demo, Minor Ailment		Fee Processed	01/02/2023 11:10	Fee Code	PS
2023-02-0	1 10:52 AM Referral	form - Physician	Prescription Service sum	nmary (Ryar	n Girard)			
	Zoom 100 % 🤅				·			
	Expanded Scop			To the att	antion of		Page 1 / 1	
	Test Pharm	acy			an Girard			
,	 123 Any Streve Vancouver, T: (647) 462 	BC, V6B0M3	263-0000		St, Yellowknife, NT,	X1A1N6 6) 123-5678		
A A G	Address 1 Age 5 Sender M	finor Ailment Demo 23 Any Street, Anyt 1 years fale 971-09-25	own, Ontario, M1M1M1	Allergies	None kr	nown		
s	Service date 2023-0	2-01 09:55						
			Prescribe for Musculoskeletal					
	CLAIM CONDITIONS			-				
c		t's free and inforn	ned consent has been ob					
	Verify that the patier Free and informed		s been obtained (verbar of					
,		I patient consent ha	r.					
	Free and informed	I patient consent ha ation used In pers	r.					



You are able to print any of these forms. Display the form that you wish to print by clicking on the appropriate tab and then click on the **Printer icon** located in the upper left corner.

Created	01/02/2023 09:40	Status	Completed Electronic
Started	01/02/2023 09:40	Reviewed By	Scott Belfer
Completed	01/02/2023 11:10	Reviewed With	Demo, Minor Ailment
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Quick Minor Ailments FAQs

Do I need to have Electronic Medication Reviews enabled in my Store Configurations for Minor Ailments?

No. Electronic Medication Reviews do not need to be enabled to use the Minor Ailments module.

What information and fields need to exist before I launch a Minor Ailments Professional Service?

The following is required as part of using the Minor Ailments Module. Prior to launching the Minor Ailments tool, ensure that the following is entered:

- Patient: First Name, Last Name, Address, City, Province, Postal Code, Birthdate and Gender (M/F)
- Store Information (File > Configuration > Store): Store Name, Address, City, Province, Postal Code and Phone Number
- Pharmacist (Edit > Users and Groups): First Name, Last Name, Type = Pharmacist and License 1
 - If not yet created, a Doctor card will be required for the Pharmacist, where the Designation = Pharmacist
- Patient Family Doctor and Rx Doctors: First Name, Last Name, Designation and License

If any of the above information is not included, the RxConsultAction component of the module will display an error.

Can Licensed Technicians or Pharmacy Assistants use the Minor Ailments tool?

As per the Ontario College of Pharmacists, only Part A Pharmacists, registered pharmacy students and pharmacist interns are able to provide minor ailment services.

Why am I prompted to select prescriptions before launching the Minor Ailments tool?

The prescription selection provides the Pharmacist the opportunity to easily view patient prescription information within the Minor Ailments/RxConsult tool.

How do I know if I am eligible to submit a claim for the Minor Ailment Fee for Service?

The Ontario Ministry has set maximums to the number of claims that can be submitted for each category of Minor Ailments in a 365 day period. The values are available in the following link (pages 5 and 6).

https://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/exec_office_eligibility_20221222.pdf



I have Advanced/Paperless workflow configured in Kroll. Does the Fee for Service claim go through my workflow?

A Minor Ailments Fee for Service claim will move through your workflow the same way a Medication Review Fee for Service claim currently does. If you wish to have adjustments to how your Fee for Service claims are processed through Workflow, please reach out to our Kroll Customer Experience team.

I don't have a signature pad. How do I sign the prescription?

If you do not have a physical signature pad, or the Kroll Virtual Signature module, the necessary documentation will print for the Pharmacist to sign physically, and can then be scanned into Kroll.

Why didn't the Rx image save automatically for the new prescribed medication?

As signatures are required for authorized prescriptions, Kroll will only save the Rx image if an electronic signature is being captured as part of the Minor Ailments tool. If you have electronic signatures available in Kroll, go to File > Configuration > Store > Rx > Counseling and enable "Require electronic signature for: Other". If you are interested in electronic signature capture options, please speak with our Sales team.

How do I reprint documents?

Return to the Professional Services section of the Patient card. Select the Minor Ailments entry and press F2. Each document generated will have a tab. Each tab has a printer icon, which will allow you to re-print the document.

Is there a report for how many Minor Ailment encounters I've done?

The Expanded Scope of Practice Report (Rx report) will provide you with a count of the Professional Services provided by Pharmacy User. The Rx for Drug/Doctor Groups Report will provide detail of the Fee for Service claims when the PseudoDIN drug cards are added under the Drug section of the report set up screen. There are plans to provide a more comprehensive report in the near future.

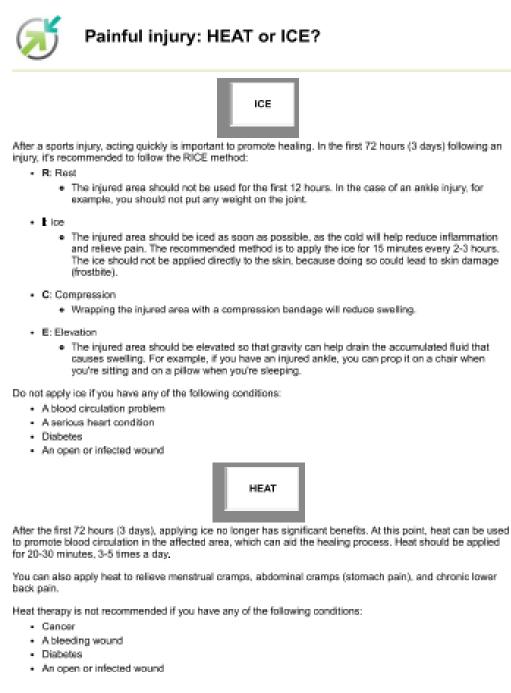
When the tool is launched, I am seeing a second tab entitled Other Services. What is that used for?

If you plan on prescribing Paxlovid to a patient who requires it, select Other Services and select COVID-19treatment (Paxlovid). The system will walk you through a process similar to Minor Ailments.



Sample of the supplementary printout for the patient

Below are samples of the two patient printouts for the example used in this user guide

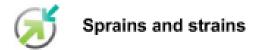


When should I see a health care professional?

Consult your health care provider in the following cases:

- You see no improvement after 72 hours of the RICE method
- Your symptoms worsen (pain)





Sprains and strains affect the tissues that make up a joint, namely muscles, ligaments, and tendons. They occur when the tissues surrounding a joint are stretched or torn. Other injuries such as fractures may also arise or develop.

Sprains and strains particularly affect the limbs (e.g. arms and legs). However, they can affect any part of the body, such as the neck or the back.

The main symptoms are as follows:

- Pain
- · Difficulty moving the joint or using the affected muscle
- Swelling
- · In certain cases, ecchymosis (commonly known as bruising)

Causes and triggers

Sprains and strains are typically caused by the following incidents:

- Direct trauma, such as being in a car accident, experiencing a fall, or making an awkward movement.
- Wear and tear caused by daily activities, vibrations, shaking, or repeated use of the same muscles or joints
- · Overuse, as a result of intensive sports training, for instance

The severity of the injury depends on the extent of the stretch or tear and how much of the tissue was injured. These injuries can also become chronic if they aren't property treated.

Treatment

In the first 24 to 48 hours following the injury, the goal is to decrease pain and inflammation. Here are the 5 elements of the PRICE treatment technique:

- · Protection: protect the injured joint or limb.
- Use a splint, for example.
- · Rest: let the injured joint or muscle rest.
 - Use crutches to avoid using an injured leg, for example.
- · Ice: apply a cold compress.
 - Use ice wrapped in a towel to avoid freezing the skin.
 - · Apply for 15 to 20 minutes, several times a day.
- · Compression: compress the joint.
 - Use an elastic bandage wrapped around the joint while taking care not to cut off blood disculation.
- Elevation: elevate the affected limb 20 to 50 cm above heart level as often as possible.

Minor injuries can be adequately treated at home. For more serious injuries, the joint may need to be immobilized with a cast. An X-ray may be performed to assess the severity of the injury. In more serious cases, surgery may be required.

Several factors can affect how long it will take the injury to heal. The severity of the injury and the age of the person can play a role, for instance. Rehabilitation may also be necessary. This primarily consists in doing stretching and strengthening exercises.

When should I see a health care professional?

Speak with your health care provider in the following cases:

- You can no longer use or move the injured joint or limb.
- You notice that your joint looks abnormal