

Pharmacy



View current medications

View comprehensive medications

Request prescription renewals using the My VA Health patient portal, located at patientportal.myhealth.va.gov.

If you need help with the patient portal, support teams are available anytime by calling **888-444-MYVA (6982)**.



Scan this code to learn more about My VA Health patient portal.

My Providers and Health Care Teams:

Current Medications

Viewing health record for:

4

atorvastatin 20 mg oral tablet

Refills Remaining	Dispensed Quantity	Last Refill Date
--	Pending	--

5 [Refill](#) [Details](#)

*Indicates required field

6 Who do you want to send this request to?*

Select a recipient

atorvastatin 20 mg oral tablet Date Started On: May

Ordered By: Hospitalist1, VA-Physician

▶ Show more info

Reason for renewal	Quantity
<input type="text" value="need more meds"/>	<input type="text" value="one month's worth"/>
<small>Example "out of meds"</small>	<small>Example "one week's worth"</small>

Pro tip! Start search by entering your facility name, department, or team you want to message.

* How do we contact you if we have questions? **7**

By secure message

By phone (please provide number)

Additional comments **8**

9 [Send](#)

< FHCC VA Provider Evanston CBOC Primary Care Ellis Morgan DO: Prescription [Print](#)

10 ✔ Successfully sent message!

[Forward](#)

From: Veteran's Name

To: FHCC VA Provider Evanston CBOC Primary Care Ellis Morgan DO (FHCC VA Team Evanston CBOC Primary Care)

Print

PRESCRIPTION RENEWAL

If a medication has zero refills, selecting Refill will trigger a renewal request.

PHARMACY NAVIGATION

- 1. Pharmacy** – Access all pharmacy features.
- 2. View current medications** – All current medications prescribed by your VA providers at facilities using My VA Health.
- 3. Print** – Allows you to print the medication list shown (current or comprehensive).

PRESCRIPTION RENEWAL STEPS

- 4. Locate your medication.**
- 5. Select Refill** – This will trigger a renewal request.
- 6. Select your provider** – Search for and select the name of your provider who issued your original prescription.
- 7. Contact method** – Choose how you prefer to be contacted if your provider has questions about this request.
- 8. Add additional comments (optional).**
- 9. Select Send.**
- 10. Successfully sent message** – This alert lets you know the request was delivered to your provider's inbox.

Contact your local My VA Health Patient Portal Coordinator:

NAME _____ PHONE _____ LOCATION _____