

Meaningful Use Stage Two E-Prescribing Certification Testing

New Prescription Test Data

October 15, 2012

Contents

Test 1 - Hydrochlorothiazide 50 mg tablet	2
Test 2 - Klor-Con 10 mEq Extended Release tablet.....	3
Test 3 - Catapres 0.1 mg tablet	4
Test 4 - Cardura 2 mg tablet	5
Test 5 - Capoten 25 mg tablet.....	6
Test 6 - Aldactone 25 mg tablet.....	7
Test 7 - Lanoxin 125 mcg tablet	8
Test 8 - Azithromycin 500 mg tablet.....	9
Test 9 - Atrovent HFA Inhalation Aerosol 17 mcg/actuation, 12.9 g canister	10
Test 10 - ProAir HFA Inhalation Aerosol 90 mcg/actuation 6.7 g canister	11
Test 11 - Lipitor 10 mg tablet.....	12
Test 12 - Lasix 20 mg tablet	13
Test 13 - Colace 100 mg capsule.....	14
Test 14 - Zestril 30 mg tablet	15
Test 15 - Norvasc 5 mg tablet	16
Test 16 - Macrobid 100 mg capsule.....	17

Test 1 - Hydrochlorothiazide 50 mg tablet

A prescription for Hydrochlorothiazide 50 mg tablets is written for patient, One Test Patientone by their physician, One Test Prescriberone. It is transmitted to the Test One Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Hydrochlorothiazide 50 mg tablet
Directions	Take 1 tablet every day by mouth
Quantity	30
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	One
Middle Name	Test
Last Name	PrescriberOne
Clinic Name	Clinic One
Address Line 1	90001 1ST AVE
Address Line 2	STE 100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1010000002
DEA Number	AP9010000
Pharmacy	
Pharmacy Name	Test One Pharmacy
Address Line 1	90001 1ST ST
Address Line 2	1ST FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2010000000
NCPDP ID	0999017
Patient	
First Name	One
Middle Name	Test
Last Name	PatientOne
Address Line 1	1 Test BLVD
Address Line 2	APT 1
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 1, 1960
Gender	Male

Test 2 - Klor-Con 10 mEq Extended Release tablet

A prescription for Klor-Con 10 mEq Extended Release tablets is written for patient, Two Test Patienttwo by their physician, Two Test Prescribertwo. It is transmitted to the Test Two Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Klor-Con 10 mEq Extended Release tablet
Directions	Take one tablet by mouth two times per day
Quantity	60
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	Two
Middle Name	Test
Last Name	Prescribertwo
Clinic Name	Clinic Two
Address Line 1	90002 2ND AVE
Address Line 2	STE 200
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1020000000
DEA Number	AP9020001
Pharmacy	
Pharmacy Name	Test Two Pharmacy
Address Line 1	90002 2ND ST
Address Line 2	2ND FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2020000008
NCPDP ID	0999029
Patient	
First Name	Two
Middle Name	Test
Last Name	Patienttwo
Address Line 1	2 Test BLVD
Address Line 2	APT 2
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 2, 1960
Gender	Female

Test 3 - Catapres 0.1 mg tablet

A prescription for Catapres 0.1 mg tablets is written for patient, Three Test Patientthree by their physician, Three Test Prescriberthree. It is transmitted to the Test Three Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Catapres 0.1 mg tablet
Directions	Take 1 tablet by mouth two times a day
Quantity	60
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	Three
Middle Name	Test
Last Name	Prescriberthree
Clinic Name	Clinic Three
Address Line 1	90003 3RD AVE
Address Line 2	STE 300
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1030000008
DEA Number	AP9030002
Pharmacy	
Pharmacy Name	Test Three Pharmacy
Address Line 1	90003 3RD ST
Address Line 2	3rd FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2030000006
NCPDP ID	0999031
Patient	
First Name	Three
Middle Name	Test
Last Name	Patientthree
Address Line 1	3 Test BLVD
Address Line 2	APT 3
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 3, 1960
Gender	Male

Test 4 - Cardura 2 mg tablet

A prescription for Cardura 2 mg tablets is written for patient, Four Test Patientfour by their physician, Four Test Prescriberfour. It is transmitted to the Test Four Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Cardura 2 mg tablet
Directions	Take 1 tablet by mouth once a day
Quantity	30
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	Four
Middle Name	Test
Last Name	Prescriberfour
Clinic Name	Clinic Four
Address Line 1	90004 4TH AVE
Address Line 2	STE 400
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1040000006
DEA Number	AP9040003
Pharmacy	
Pharmacy Name	Test Four Pharmacy
Address Line 1	90004 4TH ST
Address Line 2	4TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2040000004
NCPDP ID	0999043
Patient	
First Name	Four
Middle Name	Test
Last Name	Patientfour
Address Line 1	4 Test BLVD
Address Line 2	APT 4
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 4, 1960
Gender	Female

Test 5 - Capoten 25 mg tablet

A prescription for Capoten 25 mg tablets is written for patient, Five Test Patientfive by their physician, Five Test Prescriberfive. It is transmitted to the Test Five Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Capoten 25 mg tablet
Directions	Take 1 tablet by mouth three times per day
Quantity	90
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	Five
Middle Name	Test
Last Name	Prescriberfive
Clinic Name	Clinic Five
Address Line 1	90005 5TH AVE
Address Line 2	STE 500
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1050000003
DEA Number	AP9050004
Pharmacy	
Pharmacy Name	Test Five Pharmacy
Address Line 1	90005 5TH ST
Address Line 2	5TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2050000001
NCPDP ID	0999055
Patient	
First Name	Five
Middle Name	Test
Last Name	Patientfive
Address Line 1	5 Test BLVD
Address Line 2	APT 5
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 5, 1960
Gender	Male

Test 6 - Aldactone 25 mg tablet

A prescription for Aldactone 25 mg tablets is written for patient, Six Test Patientsix by their physician, Six Test Prescribersix. It is transmitted to the Test Six Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Aldactone 25 mg tablet
Directions	Take one tablet by mouth four times per day
Quantity	120
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	Six
Middle Name	Test
Last Name	Prescribersix
Clinic Name	Clinic Six
Address Line 1	90006 6TH AVE
Address Line 2	STE 600
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1060000001
DEA Number	AP9060005
Pharmacy	
Pharmacy Name	Test Six Pharmacy
Address Line 1	90006 6TH ST
Address Line 2	6TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2060000009
NCPDP ID	0999067
Patient	
First Name	Six
Middle Name	Test
Last Name	Patientsix
Address Line 1	6 Test BLVD
Address Line 2	APT 6
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 6, 1960
Gender	Female

Test 7 - Lanoxin 125 mcg tablet

A prescription for Lanoxin 125 mcg tablets is written for patient, Seven Test Patientseven by their physician, Seven Test Prescriberseven. It is transmitted to the Test Seven Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Lanoxin 125 mcg tablet
Directions	Take one tablet by mouth once per day
Quantity	60
Refills	0
Substitution Allowed?	Yes
Prescriber	
First Name	Seven
Middle Name	Test
Last Name	Prescriberseven
Clinic Name	Clinic Seven
Address Line 1	90007 7TH AVE
Address Line 2	STE 700
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1070000009
DEA Number	AP9070006
Pharmacy	
Pharmacy Name	Test Seven Pharmacy
Address Line 1	90007 7TH ST
Address Line 2	7TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2070000007
NCPDP ID	0999079
Patient	
First Name	Seven
Middle Name	Test
Last Name	Patientseven
Address Line 1	7 Test BLVD
Address Line 2	APT 7
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 7, 1960
Gender	Male

Test 8 - Azithromycin 500 mg tablet

A prescription for Azithromycin 500 mg tablets is written for patient, Eight Test Patienteight by their physician, Eight Test Prescribereight. It is transmitted to the Test Eight Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Azithromycin 500 mg tablet
Directions	Take 1 tablet by mouth once a day for 3 days
Quantity	10
Refills	0
Substitution Allowed?	Yes
Prescriber	
First Name	Eight
Middle Name	Test
Last Name	Prescribereight
Clinic Name	Clinic Eight
Address Line 1	90008 8TH AVE
Address Line 2	STE 800
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1080000007
DEA Number	AP9080007
Pharmacy	
Pharmacy Name	Test Eight Pharmacy
Address Line 1	90008 8TH ST
Address Line 2	8TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2080000005
NCPDP ID	0999081
Patient	
First Name	Eight
Middle Name	Test
Last Name	Patienteight
Address Line 1	8 Test BLVD
Address Line 2	APT 8
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 8, 1960
Gender	Female

Test 9 - Atrovent HFA Inhalation Aerosol 17 mcg/actuation, 12.9 g canister

A prescription for Atrovent HFA Inhalant is written for patient, Nine Test Patientnine by their physician, Nine Test Prescribernine. It is transmitted to the Test Nine Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Atrovent HFA Inhalation Aerosol 17 mcg/actuation, 12.9 g canister
Directions	Inhale 2 puffs by mouth four times a day
Quantity	1
Refills	0
Substitution Allowed?	Yes
Prescriber	
First Name	Nine
Middle Name	Test
Last Name	Prescribernine
Clinic Name	Clinic Nine
Address Line 1	90009 9TH AVE
Address Line 2	STE 900
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1090000005
DEA Number	AP9090008
Pharmacy	
Pharmacy Name	Test Nine Pharmacy
Address Line 1	90009 9TH ST
Address Line 2	9TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2090000003
NCPDP ID	0999093
Patient	
First Name	Nine
Middle Name	Test
Last Name	Patientnine
Address Line 1	9 Test BLVD
Address Line 2	APT 9
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 9, 1960
Gender	Female

Test 10 - ProAir HFA Inhalation Aerosol 90 mcg/actuation 6.7 g canister

A prescription for ProAir HFA Inhalant is written for patient, Ten Test Patientten by their physician, Ten Test Prescriberten. It is transmitted to the Test Ten Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	ProAir HFA Inhalation Aerosol 90 mcg/actuation 6.7 g canister
Directions	Inhale 2 puffs by mouth every 4 hours as needed for shortness of breath
Quantity	1
Refills	0
Substitution Allowed?	Yes
Prescriber	
First Name	Ten
Middle Name	Test
Last Name	Prescriberten
Clinic Name	Clinic Ten
Address Line 1	90010 10TH AVE
Address Line 2	STE 1000
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1100000003
DEA Number	AP9100001
Pharmacy	
Pharmacy Name	Test Ten Pharmacy
Address Line 1	90010 10TH ST
Address Line 2	10TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2100000001
NCPDP ID	0999106
Patient	
First Name	Ten
Middle Name	Test
Last Name	Patientten
Address Line 1	10 Test BLVD
Address Line 2	APT 10
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 10, 1960
Gender	Female

Test 11 - Lipitor 10 mg tablet

A prescription for Lipitor 10 mg tablets is written for patient, Eleven Test Patienteleven by their physician, Eleven Test Prescribereleven. It is transmitted to the Test Eleven Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Lipitor 10 mg tablet
Directions	Take 1 tablet by mouth once per day
Quantity	30
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	Eleven
Middle Name	Test
Last Name	Prescribereleven
Clinic Name	Clinic Eleven
Address Line 1	90011 11TH AVE
Address Line 2	STE 1100
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1110000001
DEA Number	AP9110002
Pharmacy	
Pharmacy Name	Test Eleven Pharmacy
Address Line 1	90011 11TH ST
Address Line 2	11TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2110000009
NCPDP ID	0999118
Patient	
First Name	Eleven
Middle Name	Test
Last Name	Patienteleven
Address Line 1	11 Test BLVD
Address Line 2	APT 11
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 11, 1960
Gender	Male

Test 12 - Lasix 20 mg tablet

A prescription for Lasix 20 mg tablets is written for patient, Twelve Test Patienttwelve by their physician, Twelve Test Prescribertwelve. It is transmitted to the Test Twelve Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Lasix 20 mg tablet
Directions	Take one tablet by mouth two times per day
Quantity	60
Refills	2
Substitution Allowed?	Yes
Prescriber	
First Name	Twelve
Middle Name	Test
Last Name	Prescribertwelve
Clinic Name	Clinic Twelve
Address Line 1	90012 12TH AVE
Address Line 2	STE 1200
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1120000009
DEA Number	AP9120003
Pharmacy	
Pharmacy Name	Test Twelve Pharmacy
Address Line 1	90012 12TH ST
Address Line 2	12TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2120000007
NCPDP ID	0999120
Patient	
First Name	Twelve
Middle Name	Test
Last Name	Patienttwelve
Address Line 1	12 Test BLVD
Address Line 2	APT 12
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 12, 1960
Gender	Female

Test 13 - Colace 100 mg capsule

A prescription for Colace 100 mg capsules is written for patient, Thirteen Test Patientthirteen by their physician, Thirteen Test Prescriberthirteen. It is transmitted to the Test Thirteen Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Colace 100 mg capsule
Directions	Take one capsule twice a day by mouth
Quantity	60
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	Thirteen
Middle Name	Test
Last Name	Prescriberthirteen
Clinic Name	Clinic Thirteen
Address Line 1	90013 13TH AVE
Address Line 2	STE 1300
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1130000007
DEA Number	AP9130004
Pharmacy	
Pharmacy Name	Test Thirteen Pharmacy
Address Line 1	90013 13TH ST
Address Line 2	13TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2130000005
NCPDP ID	0999132
Patient	
First Name	Thirteen
Middle Name	Test
Last Name	Patientthirteen
Address Line 1	13 Test BLVD
Address Line 2	APT 13
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 13, 1960
Gender	Female

Test 14 - Zestril 30 mg tablet

A prescription for Zestril 30 mg tablets is written for patient, Fourteen Test Patientfourteen by their physician, Fourteen Test Prescriberfourteen. It is transmitted to the Test Fourteen Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Zestril 30 mg tablet
Directions	Take one tablet once a day by mouth
Quantity	30
Refills	1
Substitution Allowed?	Yes
Prescriber	
First Name	Fourteen
Middle Name	Test
Last Name	Prescriberfourteen
Clinic Name	Clinic Fourteen
Address Line 1	90014 14TH AVE
Address Line 2	STE 1400
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1140000005
DEA Number	AP9140005
Pharmacy	
Pharmacy Name	Test Fourteen Pharmacy
Address Line 1	90014 14TH ST
Address Line 2	14TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2140000003
NCPDP ID	0999144
Patient	
First Name	Fourteen
Middle Name	Test
Last Name	Patientfourteen
Address Line 1	14 Test BLVD
Address Line 2	APT 14
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 14, 1960
Gender	Male

Test 15 - Norvasc 5 mg tablet

A prescription for Norvasc 5 mg tablets is written for patient, Fifteen Test Patientfifteen by their physician, Fifteen Test Prescriberfifteen. It is transmitted to the Test Fifteen Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Norvasc 5 mg tablet
Directions	Take 1 tablet by mouth once a day
Quantity	30
Refills	0
Substitution Allowed?	Yes
Prescriber	
First Name	Fifteen
Middle Name	Test
Last Name	Prescriberfifteen
Clinic Name	Clinic Fifteen
Address Line 1	90015 15TH AVE
Address Line 2	STE 1500
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1150000002
DEA Number	AP9150006
Pharmacy	
Pharmacy Name	Test Fifteen Pharmacy
Address Line 1	90015 15TH ST
Address Line 2	15TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2150000000
NCPDP ID	0999156
Patient	
First Name	Fifteen
Middle Name	Test
Last Name	Patientfifteen
Address Line 1	15 Test BLVD
Address Line 2	APT 15
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 15, 1960
Gender	Female

Test 16 - Macrobid 100 mg capsule

A prescription for Macrobid 100 mg capsules is written for patient, Sixteen Test Patientsixteen by their physician, Sixteen Test Prescribersixteen. It is transmitted to the Test Sixteen Pharmacy to be filled.

Element Name	Data
Medication	
Medication name	Macrobid 100 mg capsule
Directions	Take 1 capsule by mouth every 6 hours for 7 days
Quantity	28
Refills	0
Substitution Allowed?	No
Prescriber	
First Name	Sixteen
Middle Name	Test
Last Name	Prescribersixteen
Clinic Name	Clinic Sixteen
Address Line 1	90016 16TH AVE
Address Line 2	STE 1600
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	1160000000
DEA Number	AP9160007
Pharmacy	
Pharmacy Name	Test Sixteen Pharmacy
Address Line 1	90016 16TH ST
Address Line 2	16TH FL
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
NPI	2160000008
NCPDP ID	0999168
Patient	
First Name	Sixteen
Middle Name	Test
Last Name	Patientsixteen
Address Line 1	16 Test BLVD
Address Line 2	APT 16
City	Washington
State	DC
ZIP Code	20000
Phone	(202) 555-1212
Date of Birth	January 16, 1960
Gender	Male