
RENEWING MEDICATIONS VIA PEDIATRIC ALLIANCE'S PATIENT PORTAL

- 1) Log into your NextMD Patient Portal Account. If you do not have an account, please visit the "Forms" tab of our website to download the "Care Manager Form" and follow the instructions on the form. If you are having trouble logging in, please call 412-278-5102 or email: portal@pediatricalliance.com.

Already a member?

Welcome!

Please note that the username and password fields are case sensitive and the password must contain at least one number.

Username

Password

Need help with your username and password?

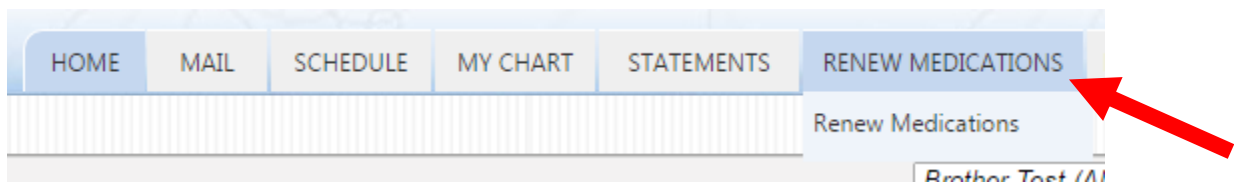
LOG IN

I am new here

- Have you been provided an enrollment token?
- Do you have a temporary username and password?

I AM NEW HERE

- 2) Select the 'Renew Medications' tab.



3) Enter the required fields (denoted with *) then select 'Submit'.

Renew Medications

1) Select Your Medical Practice

Select the medical practice that prescribed the medication you wish to renew.

*Practice: ←

*Patient: ←

2) Select Medications

Select the medication you wish to renew.

You currently have no medications selected for renewal, click the [Select different medications](#) link to choose the medication(s). [Print Medications](#)

←

3) Select Pharmacy

Select the pharmacy you wish to handle the refill.

Selected Pharmacy:

Pharmacy Name: CVS/pharmacy #3168
Address: 3800 PINE AVE
ERIE, PA 16504
Phone Number: (814) 825-0335
Fax Number: (814) 825-4149

← [Select different pharmacy](#)

4) Submit Renewal


Select Reason and Provider for this medication refill.

*Reason: ←

*Send to: ←

Comments:

Maximum length: 500 characters

 *Disclaimer: If this is a true medical emergency please contact your Emergency Medical Services (911), or call your nearest hospital or medical practice. If the prescription renewal is urgent, please call your physician's office directly. Messages sent through the portal will be answered by the end of next business day.

SUBMIT ←

4) You will receive confirmation that your request was successfully submitted.

Renew Medications

Your medication renewal request has been successfully submitted.

5) You will receive an email to notify you that a response to your medication renewal request has been sent to your Patient Portal account. Log into NextMD patient portal account.

6) Click on the 'Mail' tab to open the 'Inbox'.

AllegHENY Clinic Pediatrics

Pediatric Alliance PC

Practice Information [View Profile Page](#)

Pediatric Alliance PC
If you need assistance pertaining to Pediatric Alliance's Patient Portal, please call Pediatric Alliance at (412) 278-5102 or email portal@pediatricalliance.com.

Welcome to Pediatric Alliance's Patient Portal!

To view information under My Chart, hover over My Chart and click Request Health Record. Submit a request for an automatic email and information will be available under My Chart. If you are the Care Manager for the patient, you will receive an automatic email and information will be available under My Chart. If you are the Care Manager for the patient, you will receive an automatic email and information will be available under My Chart. If you are the Care Manager for the patient, you will receive an automatic email and information will be available under My Chart.

Below you will see any upcoming appointments scheduled and you'll start to receive visit summaries from your providers. You will also see any upcoming appointments scheduled and you'll start to receive visit summaries from your providers. You will also see any upcoming appointments scheduled and you'll start to receive visit summaries from your providers.

7) In the Inbox, open the 'Medications' message.

Medications Gary Test Arcadia Division

[Back to Inbox](#) | [Remove](#) | [Print](#)

This Medication Renewal is Complete

Requested on behalf of Gary Test

Patient Name: Gary Test

Pharmacy: CVS/pharmacy #3168
3800 PINE AVE
ERIE, PA 16504
(814) 825-0335
(814) 825-4149

Request sent: Thu 3/9/2017 2:40:42 PM GMT

Reason for request: test

Response received: Thu 3/9/2017 2:44:08 PM GMT

Response from practice: We have sent 1 refill to the pharmacy. Please call to schedule appointment.

Medication(s) Requested

Status	Prescription	Dose	Route	Description
Accepted	DYMISTA	137-50 MCG	SPRAY/PUMP	1 spray each nostril twice a day