



For Community Pharmacists - Visual Identification of a Connect Care eFax Prescription – Standardized Features

eFax Cover Page

Please note standard format, including the following features:

1. Standard AHS fax station ID, with transmission date and time
2. Fax transmission date and time (should be within 30 minutes or less of the fax header time)

1

AHS 6/22/2023 7:23:12 AM PAGE 1/003 Fax Server

6/27/2023 12:18 PM

Fax Cover Sheet



Alberta Health Services

PRESCRIPTION
Electronic Order Placed in Connect Care

Kaye Edmonton Clinic Family Medicine Clinic
1A, Kaye Edmonton Clinic, 11400 University Avenue
Edmonton AB T6G 1Z1
Phone: 780-407-7755 Fax: 780-407-1828

Date: 27/Jun/2023 12:17

2

To	From
Name: Test, Community Pharmacy	Name: Physician Family Medicine, MD
Fax: 780-670-3628	Fax:
Phone:	Phone: 555-555-5555


MESSAGE:

This communication is intended only for the individual or institution to which it is addressed and should not be distributed, copied, or disclosed to anyone else. The documents in this communication may contain personal, confidential, or privileged information which may be subject to the Freedom of Information and Protection of Privacy Act, the Health Information Act and other legislation. If you have received this communication in error, please notify us immediately. Thank you for your cooperation and assistance.

For Connect Care prescription validation visit: <https://rxvalidate.albertahealthservices.ca>

Prescription Page – note the standard authentication features:

1 AHS 6/27/2023 12:18 PM | PAGE 2/003 Fax Server

2  **Alberta Health Services** PRESCRIPTION
Electronic Order Placed in Connect Care

3 Date: 27/Jun/2023

Dianne and Irving Kipnes Urology Centre
7B, Kaye Edmonton Clinic, 11400 University Avenue
Edmonton AB T6G 1Z1
Phone: 780-407-5800
Fax: 888-414-6282

4 Name: **Corrine Colbran** ULI: 119987345
55 First Stree DOB: 22/02/2019
CALGARY AB T3L 2T5
Phone: 555-565-9999

5 **Rx: clonazepam 0.5 mg tablet**
Order ID: (3409854)
Instructions: Take 1 tablet (0.5 mg total) by mouth two (2) times per day for 30 days.
Qty: 60 (Sixty) tablet **Refill:** 0 (Zero) **Route:** oral
Dispense As Written: No

5 **Rx: cholecalciferol 1,000 unit (25 mcg) capsule**
Order ID: (3409855)
Instructions: Take 1 capsule (1,000 units total) by mouth one (1) time per day (in the morning).
Qty: 30 (Thirty) capsule **Refill:** 0 (Zero) **Route:** oral
Dispense As Written: No

6 27/06/2023 12:17
Electronically signed by: Physician Family Medicine, MD
CPSA/CRNA/ACP: 12345
Phone: 555-555-5555 Fax:

7 Date and time of transmission: 05/07/2023 12:17 this fax is intended for TEST, COMMUNITY PHARMACY at fax number 780-670-3628 Phone number: Not available

1. Standard AHS fax header. Ensure the transmission date and time is within 30 minutes of the date and time of transmission seen in box 7. If they are substantially different, the prescription may be fraudulent; please contact the originating prescriber.
2. Standard AHS Connect Care electronic prescription header
3. Prescription date
4. Patient information, including ULI and date of birth
5. Order ID (unique to each medication prescribed)
6. Electronic authentication by the prescriber, including prescriber registration number
7. Date and time of prescription transmission (should be within 30 minutes of the date and time in the fax header, box 1).

