

## NPDR

### Entering Pharmacy Parkinson's Disease Patient Data

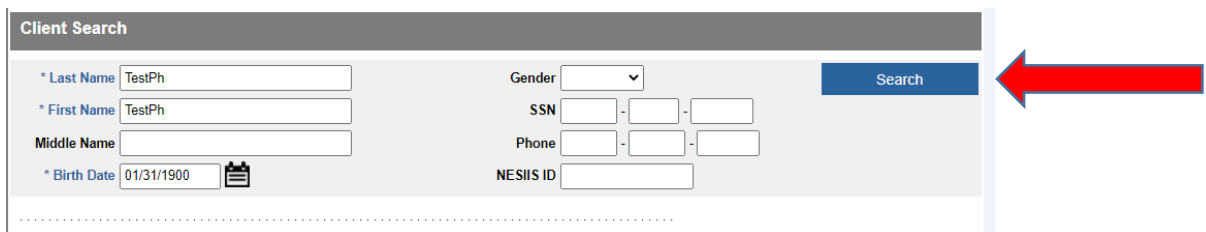
Please submit a patient's record only once per prescriber/clinic.

To enter a patient form:

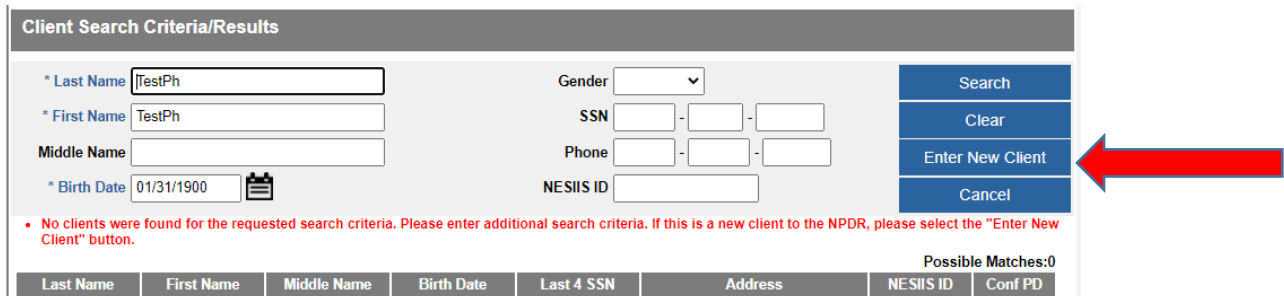
1. Click on **Clients** then **Client Search**.



2. Search for patient by entering last name, first name, and birth date, then press **Search**.



- 2a. If the client does not exist, select **Enter New Client** and go to **Step 3**.



2b. If the patient appears in the search results, click the patient's **Last Name**.

**Client Search Criteria/Results**

\* Last Name       Gender   
 \* First Name       SSN  -  -   
 Middle Name   
 \* Birth Date        Phone  -  -   
 NESIIS ID

Possible Matches:1

Last Name	First Name	Middle Name	Birth Date	Last 4 SSN	Address	Conf PD
<a href="#">TEST</a>	TEST		01/01/1970		DUCK ROAD ST, SYRACUSE, NE	N

We don't need new medication information if **Confirmed PD** appears at the top of the Manage Client page. However, please complete or update the patient information, if needed. To update the patient address, type the new street address over the current one then the **zip code**. The city, state, and county will auto populate. If a zip code represents more than one city, a drop down will appear then choose the city. Click **Save** then **Clients** to enter a new patient record. Go to Step 8 to logout.

*Production Region*  
.....

Clients  
Data Exchange

**Manage Client** NESIIS ID: 11348437

Confirmed PD

\* Last Name       SSN  -  -   
 \* First Name       \* Status   
 Middle Name       Date of Death   
 Suffix       Language   
 \* Birth Date        Birth Country   
 \* Gender       Ethnicity   
 Race (select all that apply)  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 Black or African American  
 White  
 Other Race

Last Updated by Jill Krause from TEST PHARMACY on 01/28/2022

**Current Address/Contact Information** ▲

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Street Address       Phone  -  -   
 Other Address       Extension   
 P.O. Box       Type of Phone   
 Zip  +4   
 \* City  \* State       E-mail   
 County

**Client Primary Address History**

Start Date	End Date	Street Address	City	State	Zip+4	County	Edit	Delete
07/01/2020	10/31/2021	37938 45TH AVE	ARLINGTON	NE	68002-	Washington	<input type="button" value="🔍"/>	<input type="button" value="🗑"/>

3. Enter **Client Information**. For **Address**, the street address then zip code. The city, state, and county will auto populate. If a zip code represents more than one city, click on the drop down arrow to choose the city.

**Enter New Client**

**Client Information**

\* Last Name       SSN  -  -

\* First Name       \* Status

Middle Name

Suffix

\* Birth Date       Date of Death

\* Gender

Language

Birth Country

Ethnicity

Race (select all that apply)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Other Race

**Current Address/Contact Information** ▲

[\[back to top\]](#)

Street Address

Other Address

P.O. Box

Zip  +4

\* City  \* State

County

Phone  -  -

Extension

Type of Phone

E-mail

**Save**

**Record Meds**

**Cancel**

4. When all information is entered, click **Save**.

5. Click **Record Meds** at the upper right top of the page.

**Save**

**Record Meds**

**Cancel**

Please complete one medication record for each unique prescriber/clinic of any medication on our 'List of Reportable Drugs.

Please disregard the following text box:

Don't Send Confirmation Request

Warning: Checking this box means confirmation e-mails will not be sent to this clinician for this client, including for other medications prescribed by this clinician. This action cannot be undone.

### 6. Enter Medication Details.

- a. **Reporting Pharmacy** – name and address of your pharmacy
- b. **Prescribing Clinician** – who requested the medication. If the name isn't in the dropdown list, please \*record the prescribers' name(s) and address(es)
- c. **Date Reported** – defaults to the day you are entering information on the page, but it can be changed.
- d. **Active Ingredient/Strength** – generic name of the medication and strength
- e. **Trade Name, NDC, Frequency (number of times per day), Quantity dispensed, and Days supply (number of days' worth of medication)**

#### Add Medication Details

Client Information NESIIS ID: 11783424

Client Name (First - MI - Last) TESTPH TESTPH Birth Date 01/31/1900 Gender F  
Address 123 2ND ST, BELLEVUE, NE 68123 Phone

Dispensing Event Details

\*Reporting Pharmacy

\*Prescribing Clinician

\*Date Reported 01/31/2022

Don't Send Confirmation Request

Warning: Checking this box means confirmation e-mails will not be sent to this clinician for this client, including for other medications prescribed by this clinician. This action cannot be undone.

Last Updated By:

Medication Details

[View Client Address History](#)

Active Ingredient(s)/Strength

Trade Name:

NDC

Frequency

Quantity Dispensed

Days Supply

Save  
Edit Client  
Cancel

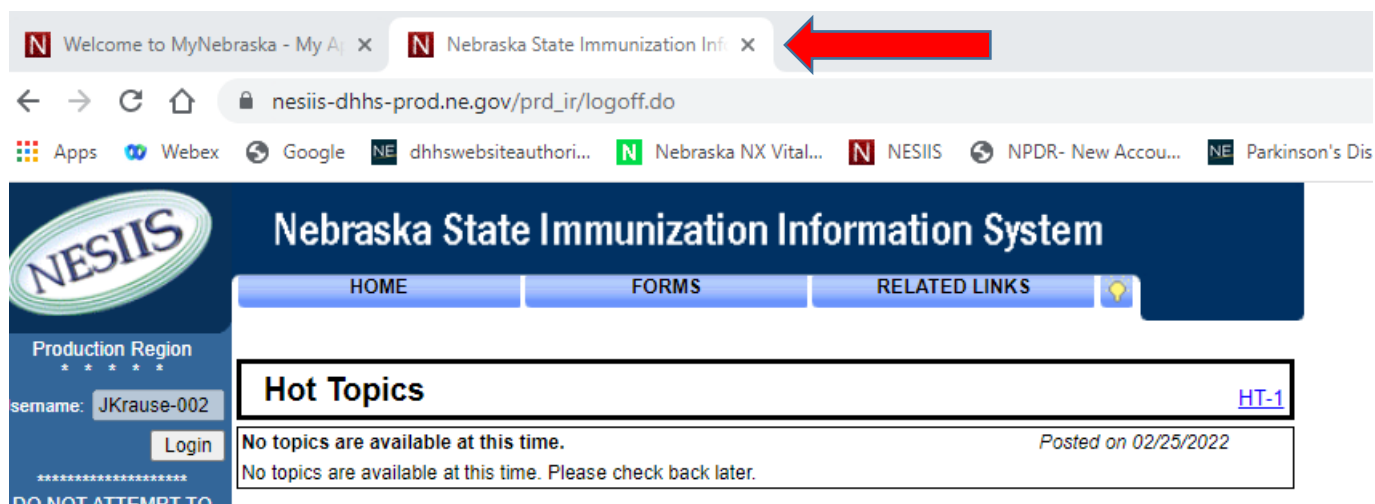
7. Click **Save**, then **Edit Client** to return to the first page.

\*If prescribers aren't in the dropdown list, please send us a list with their names, addresses and NPI to email: [DHHS.NPDR@nebraska.gov](mailto:DHHS.NPDR@nebraska.gov) with the subject "NEW PHYSICIANS TO ADD."

8. To exit the system, click **Logout** in the top right corner.



Close the NESIIS tab



Click Logout on the main page.

