

# Meaningful Use Stage Two E-Prescribing Certification Testing

## New Prescription Test Data

February 15, 2013

### 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 - Captopril 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 8.5 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
<b>Medication</b>	
Medication name	Hydrochlorothiazide 50 mg tablet
Directions	Take 1 tablet every day by mouth
Quantity	30
Refills	1
Substitution Allowed?	Yes
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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, One Test Prescriberone. It is transmitted to the Test Two Pharmacy to be filled.

Element Name	Data
<b>Medication</b>	
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
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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, One Test Prescriberone. It is transmitted to the Test Three Pharmacy to be filled.

Element Name	Data
<b>Medication</b>	
Medication name	Catapres 0.1 mg tablet
Directions	Take 1 tablet by mouth two times a day
Quantity	60
Refills	1
Substitution Allowed?	Yes
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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, One Test Prescriberone. It is transmitted to the Test Four Pharmacy to be filled.

Element Name	Data
<b>Medication</b>	
Medication name	Cardura 2 mg tablet
Directions	Take 1 tablet by mouth once a day
Quantity	30
Refills	1
Substitution Allowed?	Yes
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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 - Captopril 25 mg tablet

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

Element Name	Data
<b>Medication</b>	
Medication name	Captopril 25 mg tablet
Directions	Take 1 tablet by mouth three times per day
Quantity	90
Refills	1
Substitution Allowed?	Yes
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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, One Test Prescriberone. It is transmitted to the Test Six Pharmacy to be filled.

Element Name	Data
<b>Medication</b>	
Medication name	Aldactone 25 mg tablet
Directions	Take one tablet by mouth four times per day
Quantity	120
Refills	1
Substitution Allowed?	Yes
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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, One Test Prescriberone. It is transmitted to the Test Seven Pharmacy to be filled.

Element Name	Data
<b>Medication</b>	
Medication name	Lanoxin 125 mcg tablet
Directions	Take one tablet by mouth once per day
Quantity	60
Refills	0
Substitution Allowed?	Yes
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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, One Test Prescriberone. It is transmitted to the Test Eight Pharmacy to be filled.

Element Name	Data
<b>Medication</b>	
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
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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, One Test Prescriberone. It is transmitted to the Test Nine Pharmacy to be filled.

Element Name	Data
<b>Medication</b>	
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
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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 8.5 g canister

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

Element Name	Data
<b>Medication</b>	
Medication name	ProAir HFA Inhalation Aerosol 90 mcg/actuation 8.5 g canister
Directions	Inhale 2 puffs by mouth every 4 hours as needed for shortness of breath
Quantity	1
Refills	0
Substitution Allowed?	Yes
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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, One Test Prescriberone. It is transmitted to the Test Eleven Pharmacy to be filled.

Element Name	Data
<b>Medication</b>	
Medication name	Lipitor 10 mg tablet
Directions	Take 1 tablet by mouth once per day
Quantity	30
Refills	1
Substitution Allowed?	Yes
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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, One Test Prescriberone. It is transmitted to the Test Twelve Pharmacy to be filled.

Element Name	Data
<b>Medication</b>	
Medication name	Lasix 20 mg tablet
Directions	Take one tablet by mouth two times per day
Quantity	60
Refills	2
Substitution Allowed?	Yes
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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, One Test Prescriberone. It is transmitted to the Test Thirteen Pharmacy to be filled.

Element Name	Data
<b>Medication</b>	
Medication name	Colace 100 mg capsule
Directions	Take one capsule twice a day by mouth
Quantity	60
Refills	1
Substitution Allowed?	Yes
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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, One Test Prescriberone. It is transmitted to the Test Fourteen Pharmacy to be filled.

Element Name	Data
<b>Medication</b>	
Medication name	Zestril 30 mg tablet
Directions	Take one tablet once a day by mouth
Quantity	30
Refills	1
Substitution Allowed?	Yes
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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, One Test Prescriberone. It is transmitted to the Test Fifteen Pharmacy to be filled.

Element Name	Data
<b>Medication</b>	
Medication name	Norvasc 5 mg tablet
Directions	Take 1 tablet by mouth once a day
Quantity	30
Refills	0
Substitution Allowed?	Yes
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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, One Test Prescriberone. It is transmitted to the Test Sixteen Pharmacy to be filled.

Element Name	Data
<b>Medication</b>	
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
<b>Prescriber</b>	
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
<b>Pharmacy</b>	
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
<b>Patient</b>	
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