

# Internal Server Error

A critical error has occurred  
Please contact myIT helpdesk  
Click here for go back to Home

## COLOR

#003348  
Navy

R 0 G 51 B 72

#B8E3EB  
Light Blue

R 184 G 227 B 235

#37BAAB  
Teal

R 55 G 186 B 171

#CC0000  
Red

R 204 G 0 B 0

Overlay colour:

#646464  
Dark Grey

R 100 G 100 B 100

50% opacity

Neutrals

#FFFFFF  
White

R 255 G 255 B 255

#8c8c8c  
Medium Grey

R 79 G 79 B 79

#E9E9E9  
Ivory

R 233 G 233 B 233

#646464  
Dark Grey

R 100 G 100 B 100

#D1CCCC  
Light Grey

R 209 G 204 B 204

#000000  
Black

R 0 G 0 B 0

## PRIMARY BUTTON

< Previous

Next >

Cancel ✕

Submit ✓

## SECONDARY BUTTON [NO ICON]

Search

Add

+

Q

## INPUT FIELD

Label

VALUE

## RADIO BUTTON

Yes No

No

## TEXT AREA FIELD

Textarea Label

TEXT CONTENT  
TEXT CONTENT  
TEXT CONTENT

## SELECT BOX

Select Label

SELECT

Selected: Item 1, Item 2

## Multi-Select Label

SELECT

Item 1

Item 2

item 3

Item 4

Item 5

## CHECK BOX

Check1 Check2

Input Switch

On

Check1

Check2

Off

## CALENDAR

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## TAB MENU PRIMARY

Tab Menu 1 Tab Menu 2 Tab Menu 3

Sample Text here

## TAB MENU SECONDARY






Tab Menu 1 Tab Menu 2 Tab Menu 3

Sample Text here

## ACCORDION HEADING 1

## ACCORDION HEADING 2

## GRID TABLE #1

	↕ Rx Number	↕ Patient Name	↕ Date of Birth	Gender	Full Address	System	
>	<a href="#">706565639</a>	Turner, Alan	06/07/1990	M	Alabama, IL	Specialty	
∨	<a href="#">706565638</a>	Aleman, John	09/09/1998	M	Wheeling, IL	Retail	
	<div><div>Date of Birth: 09/09/1998</div><div>Phone No.: (454)545-4545</div><div>Special Account: CHI</div><div>Store: 1234</div><div>Patient Type: PGH</div><div>Doctor No.: (454)545-4545</div><div>Gender: Male</div></div>						
>	<a href="#">123123782</a>	Adams, Rachel	06/07/1991	F	Monroeville, IL	PBM	
>	<a href="#">123123782</a>	Adams, Rachel	06/07/1991	F	Monroeville, IL	PBM	
>	<a href="#">123123782</a>	Adams, Rachel	06/07/1991	F	Monroeville, IL	PBM	
<div><div></div><div></div><div></div><div>1</div><div></div><div></div><div></div><div>2 ▾</div></div>							

## GROWL MESSAGE



### Error

- Rx Number cannot be blank
- Original Fill Date is required
- Original Refills Auth cannot be blank
- Last Fill Date is required
- Fills Remaining cannot be blank
- Pharmacy Name cannot be blank
- RPH Last Name cannot be blank
- RPH First Name cannot be blank
- Phone Number cannot be blank