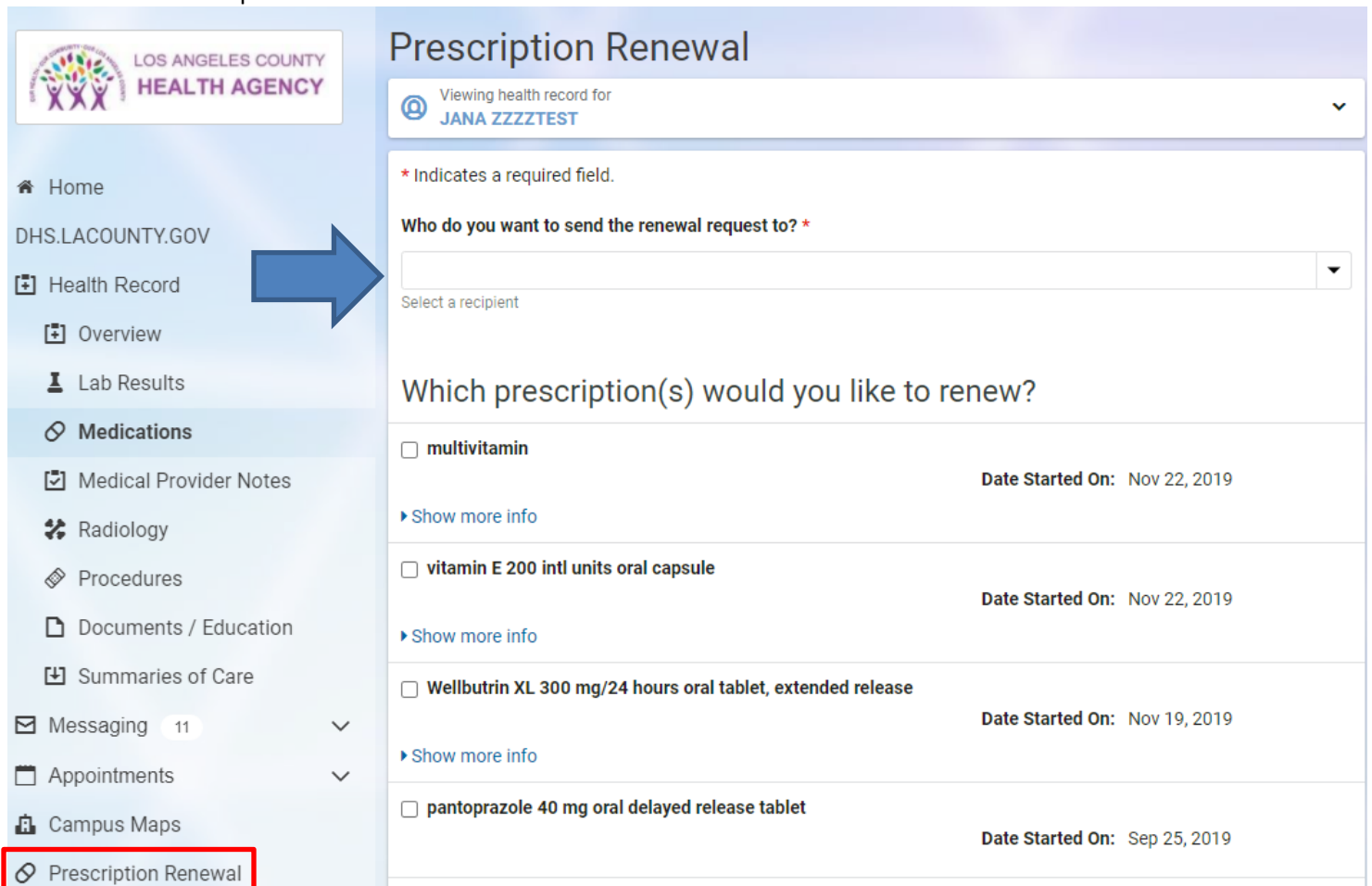




Requesting a Medication Refill Using the MyWellness Portal- A Patient's Guide



1. From the home page, click **Prescription Renewal**.
2. Go to the **Who do you want to send the renewal request to** field and type in the first few letters of the clinic name or provider



LOS ANGELES COUNTY HEALTH AGENCY

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Prescription Renewal

Viewing health record for **JANA ZZZZTEST**

* Indicates a required field.

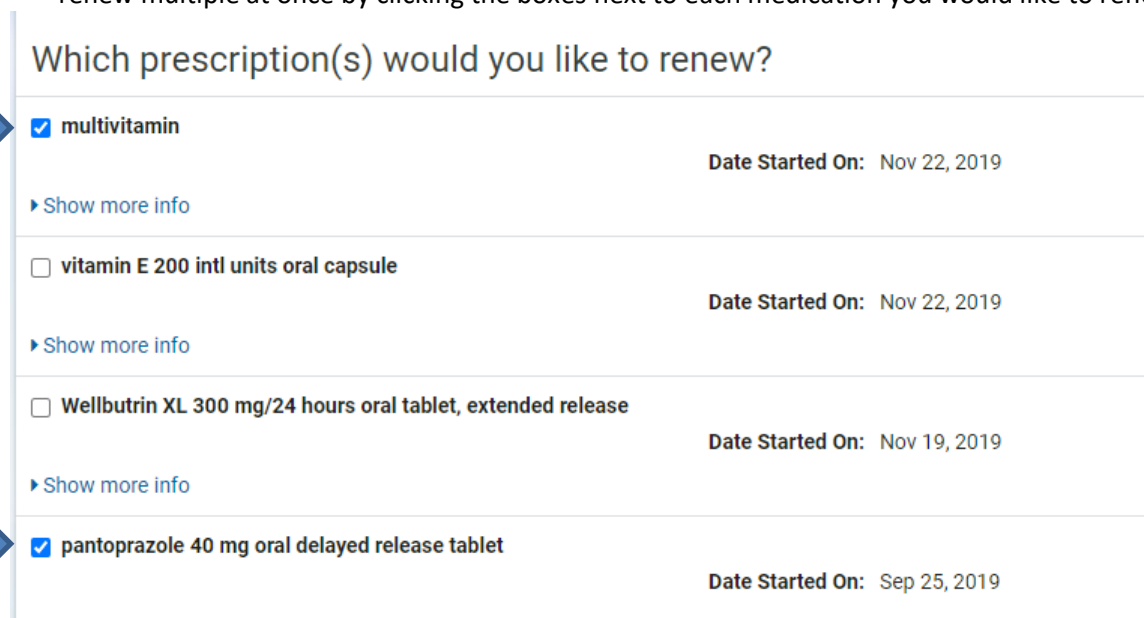
Who do you want to send the renewal request to? *

Select a recipient

Which prescription(s) would you like to renew?

<input type="checkbox"/> multivitamin	Date Started On: Nov 22, 2019
Show more info	
<input type="checkbox"/> vitamin E 200 intl units oral capsule	Date Started On: Nov 22, 2019
Show more info	
<input type="checkbox"/> Wellbutrin XL 300 mg/24 hours oral tablet, extended release	Date Started On: Nov 19, 2019
Show more info	
<input type="checkbox"/> pantoprazole 40 mg oral delayed release tablet	Date Started On: Sep 25, 2019

3. Select the medication that needs to be renewed by clicking on the box next to the medication name. You may renew multiple at once by clicking the boxes next to each medication you would like to renew or refill



Which prescription(s) would you like to renew?

<input checked="" type="checkbox"/> multivitamin	Date Started On: Nov 22, 2019
Show more info	
<input type="checkbox"/> vitamin E 200 intl units oral capsule	Date Started On: Nov 22, 2019
Show more info	
<input type="checkbox"/> Wellbutrin XL 300 mg/24 hours oral tablet, extended release	Date Started On: Nov 19, 2019
Show more info	
<input checked="" type="checkbox"/> pantoprazole 40 mg oral delayed release tablet	Date Started On: Sep 25, 2019

4. Answer the required questions (the ones with a red asterisk next to them) which include:
 - a. **how to contact you if follow up is needed**
 - b. **where to send the prescription(s)**
5. After filling out all required information, click **Send**.

lisinopril 5 mg oral tablet Date Started On: Oct 21, 2019

[▶ Show more info](#)

Is your medication not listed? [Add medication](#)

*** How should we contact you if we have questions?**

By secure message

By phone (please provide number)

*** Where should we send the prescriptions?**

High Desert Regional Health Center Pharmacy ▼

Additional comments

65 characters remaining (65 maximum).