

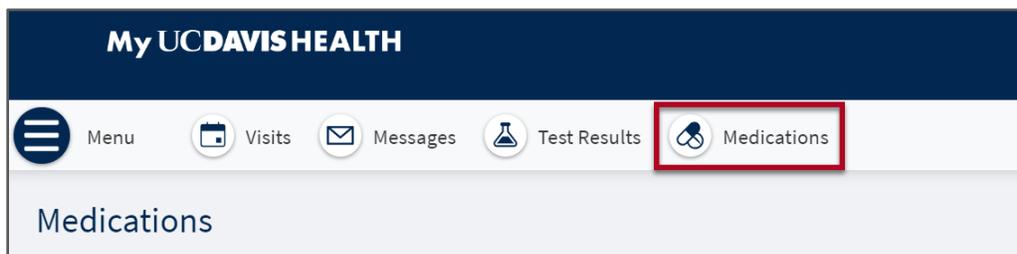
# Prescription Renewal

## Do you need more medication, but your current prescription is out of refills?

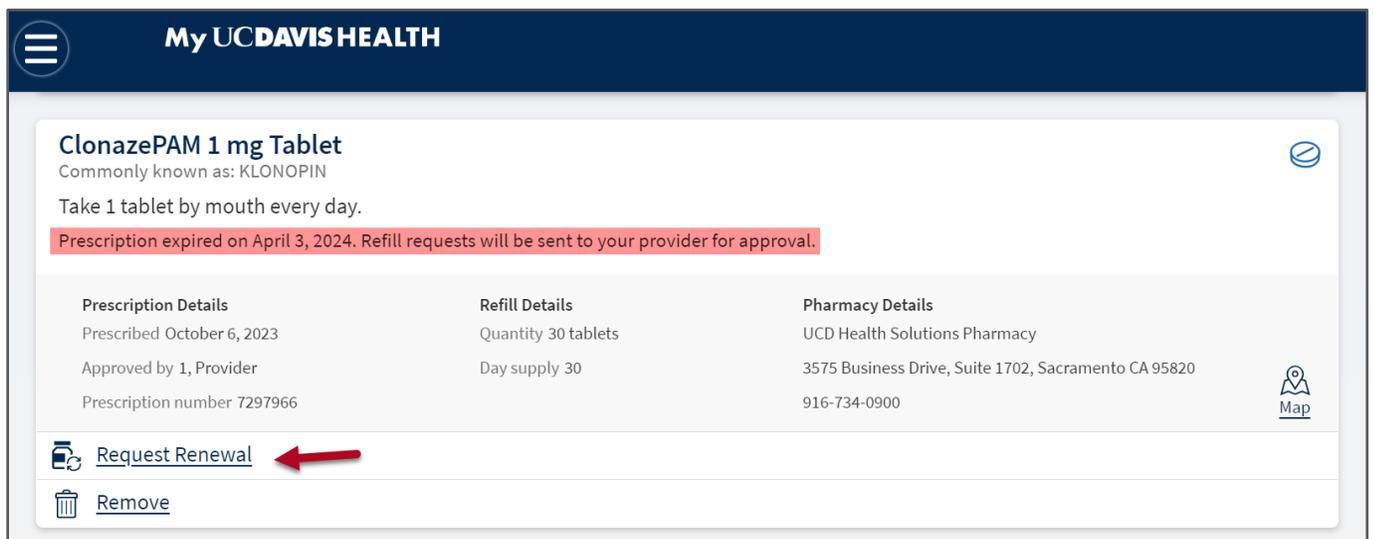
UC Davis Health patients can now request prescription renewal through the MyUCDavisHealth app or web portal under the medications tab.

### Step-By-Step Instructions

1. Click the **Medications** tab then scroll down to the medication that has zero refills remaining or is expired.



2. Click **Request Renewal**.





5. Payment option will default on **Pay Now** for Home Delivery. Click **Next**.

Payment

Pay now

Pay later

The delivery method and pharmacy combination you chose only supports one payment option.



1 prescription selected

6. Select the **Credit Card** to charge payment to. Click **Next**.

Payment

How do you want to pay?

Prone 2  
Ending in 8182  
exp. 12/2024  
Security code   **VISA**

Prone  
Ending in 5555  
exp. 12/2024  
Security code   **VISA**

New Payment Method

[Manage your saved payment methods](#)

## 7. Review Your Request then click **Submit**.

### Review Your Request

#### Requested Medications

**ClonazePAM 1 mg Tablet**  
Commonly known as: KLONOPIN  
Quantity: 30 tablets  
Day supply: 30  
Last fill cost: **Not available**

#### Request Details

##### Cost Information

**VISA** Prone 2  
x8182 exp. 12/2024

Total last fill cost: **Not available**  
Estimated total: **Not available**

The cost will be updated on the Medications page once it is available. Please check back later or contact your pharmacy if you have questions.

Estimated Delivery: within 3-7 days.  
Track Your Package: via MyChart.  
**If your medication is covered by Medicare Part B:  
Submitting this order confirms that you have 10 days or less of medication on-hand.**

**Shipping Address:**  
10850 White Rock Road  
Rancho Cordova CA 95670

##### Pharmacy

UCD Health Solutions Pharmacy  
3575 Business Drive, Suite 1702  
Sacramento CA 95820  
Hours: Weekdays: 9:00 AM to 5:00 PM. Closed on Weekends and University Holidays.  
Phone number: 916-734-0900

**Submit**

1 prescription selected

## 8. Review Your **Renewal Request Summary**.

### Thank you!

 **Your renewal request has been submitted.**  
Here is a summary of your request.

**ClonazePAM 1 mg Tablet**  
Commonly known as: KLONOPIN  
Quantity: 30 tablets  
Day supply: 30  
Last fill cost: **Not available**

**This request has been sent to your doctor's office for approval before the pharmacy can fill it.**

##### Cost Information

**VISA** Prone 2  
x8182 exp. 12/2024

Total last fill cost: **Not available**  
Estimated total: **Not available**

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 [Map](#)