

GUIDE

To using HealthHub/Online Order



https://www.ktph.com.sg/web_pharmacy_eform

HealthHub App



1



2



3



1

Prescription Request

Please select a medication order type.



Refill My Medication

- You will need a valid prescription:
- Has uncollected, balance medicine
 - Is less than one year from the date of issued prescription

2

My prescription is

...WITH ME

...WITH PHARMACY

BACK

3

MEDICATION REFILL

PARTICULARS

PRESCRIPTION

QUANTITY

PAYMENT

COLLECTION

I am the patient YES NO

Patient's Details

Full Name *



Contact Details

Contact Number(+65) *

*Please ensure the phone number provided is correct in case we need to contact you.

NRIC (S/F/T/G) *

Email *

BACK

NEXT

4

MEDICATION REFILL

PARTICULARS **PRESCRIPTION** QUANTITY PAYMENT COLLECTION

Medication Prescription From

OPTIONAL

Institution
Khoo Teck Puat Hospital

Date of Original Prescription

SELECT FROM A LIST OF INSTITUTIONS

Refills can be made for prescription(s) up to a year from the date of the original prescription

Details of Prescription

Please upload front and back images of each page of your Partial Memo or Medication List. (JPG, PNG)
If the photos of your Partial Memo or Medication List exceed 6 pages, please submit another request.

Prescription Sheet 1 ^

Front Page Back Page

Prescription Sheet 2 v

Prescription Sheet 3 v

BACK NEXT

5 MEDICATION REFILL



How much medications would you like to refill?

- All my balance medication
- All my medication for a selected duration
- Selected medicines only



6 MEDICATION REFILL



How would you like to make payment for this medication?

- Pay in Full without any schemes/entitlement
- Based on system generated available schemes/entitlements (eg. Medisave, Medifund, MCPS)
Subject to qualification & verification



PARTICULARS PRESCRIPTION QUANTITY PAYMENT COLLECTION

How would you like to receive your order?

- Medi-Box (24/7 Secured Lockers)
- Home Delivery

Delivery charges 

Preferred Collection/Delivery Date * 

- 9am - 1pm
- 2pm - 6pm
- 7pm - 10pm

Postal Code * 

Blk No. * Unit No.

Address

OR

How would you like to receive your order?

- Medi-Box (24/7 Secured Lockers)
- Home Delivery

Locker
KTPH, Tower C, Level 1 (Next to Pharmacy) 

Preferred Collection/Delivery Date * 

- 12pm
- 6pm

BACK

NEXT

PATIENT'S DETAILS

Name

NRIC

REQUESTOR'S DETAILS

Contact Number

Email

PRESCRIBING INSTITUTION

Khoo Teck Puat Hospital

MEDICATION REFILL FOR...

COLLECTION & DELIVERY

Home Delivery

Postal Code:

Blk No:

Unit No:

Address:

Preferred Collection/Delivery Date:

Preferred Collection/Delivery Time:

SPECIAL REQUEST (IF ANY)



I'm not a robot



BACK

SUBMIT ORDER