

Guide to using HealthHub

Ordering Medications for Home Delivery/Pick up from Medi-Box

Updated Apr 2023

Where to Go?

A

HealthHub App

- Easily accessible via Home Page > Quick Links > Medication Refill
- Require login via Singpass

B

KTPH Pharmacy Website

- “For Patients” tab > Pre-order medications
- Can login to HealthHub website via Singpass OR **without Singpass**

How to order?

1. Please place your order a week in advance to allow processing time.

Note:

- Please refer to the [User Guide to ordering medication balance refill](#)
- You will receive an email confirmation on successful submission of order

2. To place an order, please:

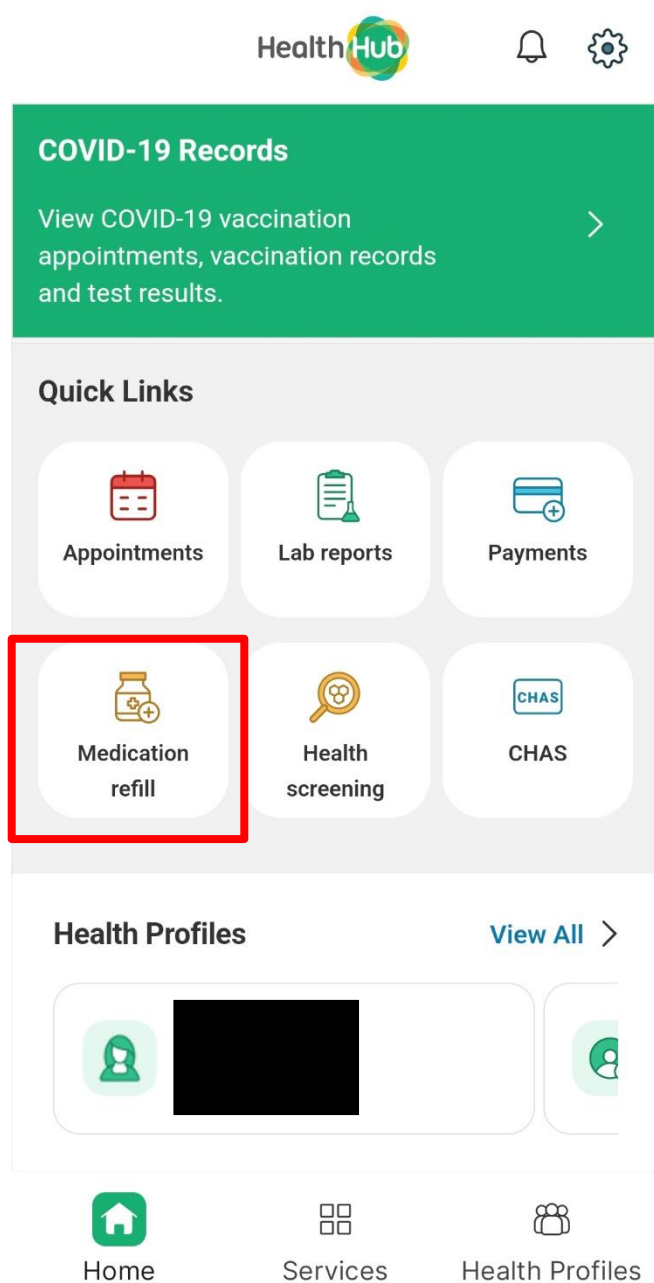
Login via SingPass

Or

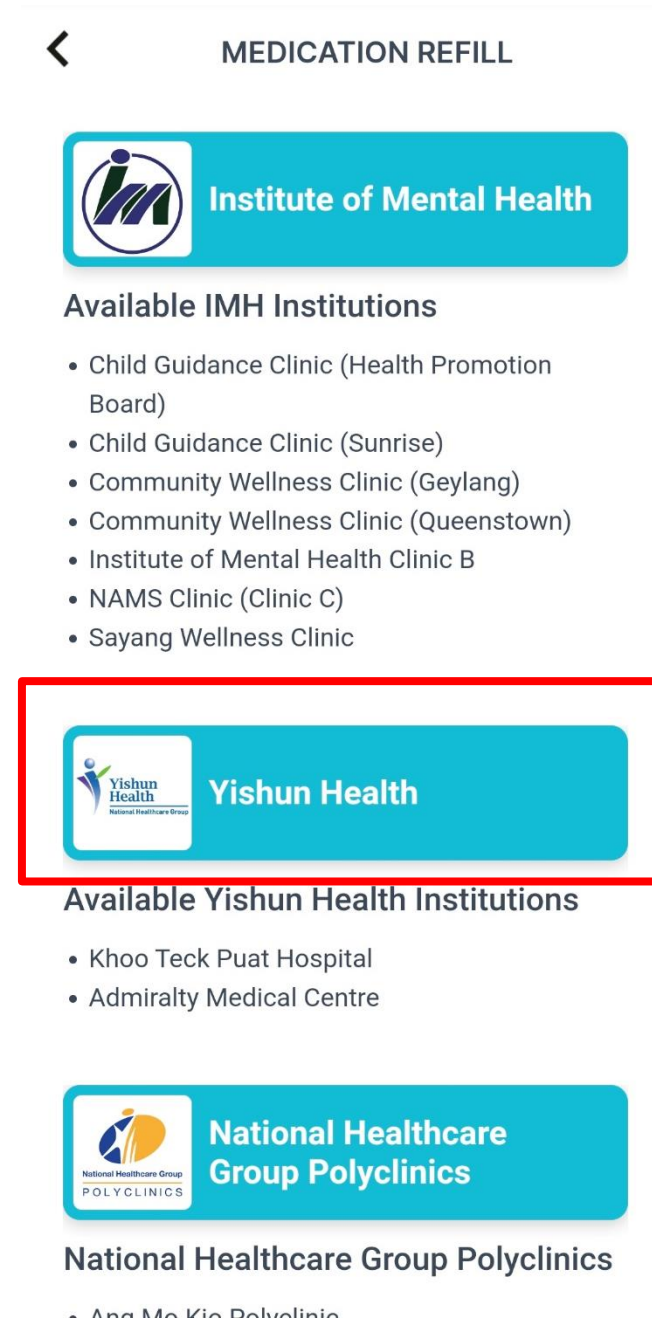
Proceed without SingPass

Ordering Through HealthHub App

1



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3



MEDICATION REFILL



Prescription Request



Please select a medication order type.



Refill My Medication

- You will need a valid prescription with uncollected balance of medication.
- This service is not applicable to prescription with controlled drugs.
- The turn-around-time for medication delivery is about 1 week. Please ensure you have sufficient medication before the delivery date.

With effect from 1 April 2022

1. Delivery fee is waived for the FIRST delivery of every calendar month.

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MEDICATION REFILL



I am the patient YES NO

Patient's Details

Full Name (as per NRIC / FIN) *

NRIC (S/F/T/G/M) *

Contact Details

Contact Number(+65) *

Please ensure the phone number provided is correct in case we need to contact you. For Medi-Box collection, a MOBILE number is required.

Email *

Patient's Details will be auto-populated if logged in via SingPass, otherwise input all fields marked with an asterisk (*)

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← MEDICATION REFILL

PARTICULARS PRESCRIPTION QUANTITY PAYMENT COLLECTION

S



Medication Prescription From

Institution *

Admiralty Medical Centre

Khoo Teck Puat Hospital

Select the relevant institution (ADMC or KTPH)

Date of Original Prescription (Optional)

Date of Original Prescription (Optional)
Refills can be made for prescription(s) up to a year from the date of the original prescription. Previous prescription will be invalidated if there is a newer prescription from the same discipline.

Date of the prescription is **optional** and may be left empty

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← MEDICATION REFILL

PARTICULARS PRESCRIPTION QUANTITY PAYMENT COLLECTION

Details of Prescription (Optional)

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

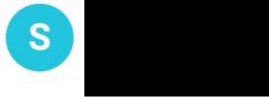
Details of prescription is **optional**. You may include photo of the partial memo or medication list if available.

Prescription Sheet 2

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← MEDICATION REFILL

PARTICULARS PRESCRIPTION QUANTITY PAYMENT COLLECTION



How much medications would you like to refill?

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

Select either of the first two options if you want all medications.

Customised medication order

Medication Name *

Number Duration

ADD TO MEDICATION LIST

Select the third option if you want specific medications. Type and select the medication from the dropdown list.

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← MEDICATION REFILL

PARTICULARS PRESCRIPTION QUANTITY PAYMENT COLLECTION



Select the payment method

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

Note :

- Upon receiving medication, please refer to official invoice for convenient payment options available (online payment, AXS, SAM and Paynow).
- Please make payment within 30 days of official invoice.

NEXT

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PARTICULARS PRESCRIPTION QUANTITY PAYMENT COLLECTION

10

N Select Medi-Box or Home Delivery and date of collection or delivery as desired

How would you like to receive your order?

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

Preferred Collection/Delivery Date *

Select a suitable delivery timeslot where someone is at home

Preferred Collection/Delivery Time *

[Click here for more information](#)

Deliver to this address

Postal Code [Redacted]
 Blk [Redacted]
 Address [Redacted]

Key in postal code to auto-populate the street name, and fill in the unit number. Select "Deliver to other address" to key in alternative address.

Deliver to other address



MEDICATION REFILL

S [Redacted]

Confirm details of medication request

ORDER SUMMARY

PATIENT'S DETAILS

Name [Redacted]
 NRIC [Redacted]

REQUESTOR'S DETAILS

Contact Number [Redacted]
 Email [Redacted]

PRESCRIBING INSTITUTION

Khoo Teck Puat Hospital

MEDICATION REFILL FOR

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MEDICATION REFILL

Home Delivery

Postal Code: [REDACTED]

Blk No: [REDACTED]

Unit No:

Address: [REDACTED]

Preferred Collection/Delivery Date:

30/12/2022

Preferred Collection/Delivery Time: **2pm -**

6pm

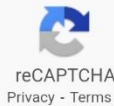
Key in any special requests here

SPECIAL REQUEST (IF ANY)

Enter request here

Tick the checkbox

I'm not a robot



Click to submit order

SUBMIT ORDER

BACK

You will then receive an automated confirmation email to the email address keyed earlier.

Ordering Through KTPH Pharmacy website without SingPass

MEDICATION REFILL

PAYMENTS

MEDICATION REFILL

PARTICULARS PRESCRIPTION QUANTITY PAYMENT COLLECTION

I am the patient YES NO

Select "No" if ordering on behalf of someone else without SingPass

Patient's Details

Full Name (as per NRIC / FIN) *

NRIC (S/F/T/G/M) *

Requestor's Details

Full Name (as per NRIC / FIN) *

Contact Details

Contact Number(+65) *

Please ensure the phone number provided is correct in case we need to contact you. For Medi-Box collection, a MOBILE number is required.

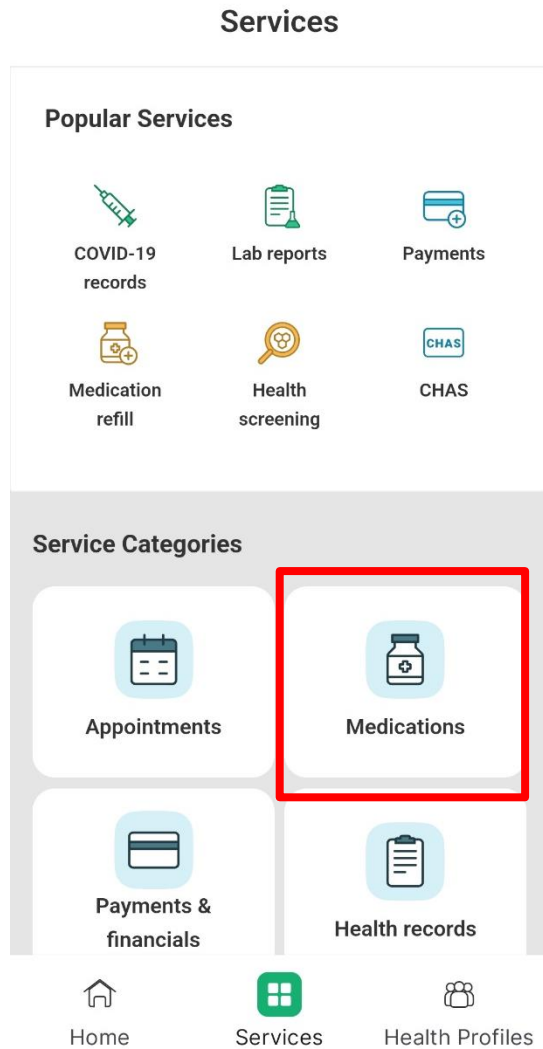
Email *

BACK NEXT

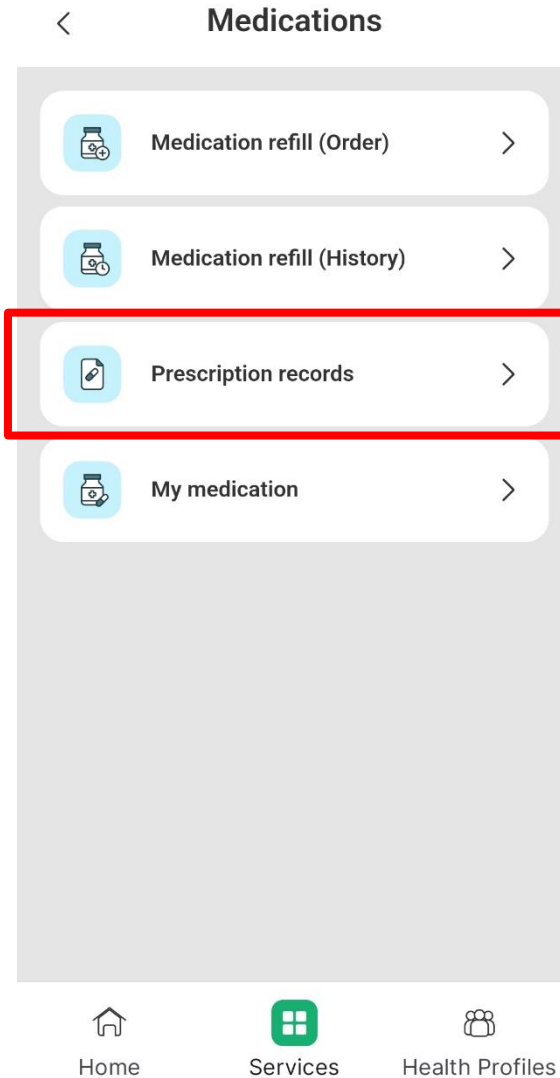
Refer to the above guide for HealthHub ordering for the following steps

How to see Doctor's Prescription in HealthHub

1



2



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