Imprint Area

This prescription form is designed to include redundancy in order to promote robust communication. Please complete carefully.

Patient name:_____   Date of Birth_____

Age:_____

Address:_____

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Current Date:_____

Medication:_____   **Numerical Dosage:**_____

Written Dosage:_____

Form of Medication:_____   **No Substitutions** ☐

Conditions:_____

Instructions (Sig):_____

Standard ☐   **If not, write out:**

Amount:_____   **Route:**_____   **Timing:**_____

Refill (circle one):   0   1   2   3   4   5   6   7   8   9   10

Prescribed by: _____   **DEA#** _____

SEE INSTRUCTIONS BELOW

Field Instructions

Patient Name: Write out the patient's first, middle, and last names. Example: "John Allston Smith"

Date of Birth: Write the patient's date of birth in the following format MM/DD/YY. Example: "06/25/1978."

Age: Write in numbers the age of the patient. Example: "32." If the patient is an infant, write out the word months. Example: "6 months."

Address: Include house number, street, city, state, and zip code. Example: "123 Main St., Big City, MA 01234."

Current Date: Write the current date in the following format MM/DD/YY: "03/28/2010."

Medication: Write the full name of the medication. Example: "Cerebyx."

Numerical Dosage: Write the dosage using a combination of numbers and abbreviated amounts. Example: "151 mg."

Written Dosage: Write out the dosage without numbers or abbreviations. Example: "One hundred and fifty-one milligrams."

Form of Medication: Write out the physical form of the medication. Example: "Tablet."

No Substitutions: Check the box if the medication cannot be substituted with a generic form of the medication.

Conditions: Write out the patient's symptoms that are to be treated by the medication. Example: "Seizures."

Instructions (Sig): Write instructions for the administration of the medication, including amount, route, and timing. Abbreviations are acceptable. Example: "1 tab PO qid."

Standard: Check the box if the instructions are standard and common.

Amount: If the amount is not standard, write out the amount of medication to be administered. Example: "One tablet."

Route: If the route is not standard, write out the route instructions. Example: "By mouth."

Timing: If the timing is not standard, write out the timing instructions. Example: "Every four hours."

Refill (circle one): Circle the number of times a patient can have the prescription refilled.

Prescribed by: Write the full name of the person prescribing the medication. Example: "Dr. Eliza Hines."

DEA #: Write the valid health care provider DEA number. Example: "AB1234567-012."

A Correctly Filled Form

Imprint Area

This prescription form is designed to include redundancy in order to promote robust communication. Please complete carefully.

Patient name: **John Allston Smith**   Date of Birth **06/25/1978**

Age: **32**

Address: **123 Main St., Big City, MA 02134**

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Current Date: **03/28/2010**

Medication: **Cerebyx**   Numerical Dosage: **151 mg**

Written Dosage: **One hundred and fifty-one milligrams**

Form of Medication: **Tablet**   No Substitutions ☑

Conditions: **Seizures**

Instructions (Sig): **1 tab PO qid**

Standard ☐   If not, write out:

Amount: **One tablet**   Route: **By mouth**   Timing: **Every four hours**

Refill (circle one):   0   1   2   ③   4   5   6   7   8   9   10

Prescribed by: **Dr. Eliza Hines**   DEA# **AB1234567-012**

NECSI Prescription Form 0.3 (6/11/2009)