

Happy Family Practice
4-G Medical Arts Building

Name: Beverly Williams

Address: 1405 W. 12th Street Date: 8/10/20XX



Tessalon Perles 200 mg Capsule

Dispense #15

Sig: i po tid prn cough

Refill: 0

DAW:
generic okay

Norman Keyes

Signature

DEA# _____

1. Verification of Patient Demographics

- Verify the patient's name and correct spelling
- Obtain the following information:

☐ Age: _____

☐ Date of Birth: _____

☐ Gender (at birth): _____

☐ Address: _____

☐ Telephone #: _____

2. Verification of Insurance Coverage

- Ask (new pt.)/Verify (existing pt.) whether patient has a prescription insurance card, coupon, or will be paying cash.

☐ Cash ☐ Third Party/Coupon

3. Verification of Patient Health Information

- Ask/Verify if patient has allergies to any medications
- Ask/Verify if patient has any chronic conditions

☐ Allergies: _____

☐ Chronic Illness: _____

4. Verification of Safety Cap Preference

- Ask/Verify whether patient requests no safety caps.
- If yes, stamp the back of the Rx with safety cap waiver and have patient sign.

Safety Caps? ☐ YES ☐ NO

5. Verification of Will Call Time

- Ask if the patient will wait for prescription, pick up at a later time, or have it delivered.
- Provide a wait time (1 hour) if the patient indicates they'll wait for the prescription.

Delivery Status: ☐ Waiting ☐ Pickup ☐ Delivery

Internal Medicine Associates
908 Concord

Patient Name: Evelyn Johnson

Address: 1426 Pinecone Drive Date: 8/10/20XX



Fax Prescription

Fosamax 5 mg Tablet

Dispense #30

Sig: i po qd for treatment of osteoporosis

Refills: 4

George Platz

Doctor

DEA#

DAW: substitution permitted

Faxed by: Tonya Wheeler, R.N.

1. Verification of Patient Demographics

- Verify the patient's name and correct spelling
- Obtain the following information:

- ☐ Age: _____
- ☐ Date of Birth: _____
- ☐ Gender (at birth): _____
- ☐ Address: _____
- ☐ Telephone #: _____

2. Verification of Insurance Coverage

- Ask (new pt.)/Verify (existing pt.) whether patient has a prescription insurance card, coupon, or will be paying cash.

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- ☐ Allergies: _____
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