


Podcast – Interpreting the Prescription

Dr. George Platz, M.D.
Internal Medicine Associates, 908 Concord

Name: Richard T. Hanson

Address: 1205 Edgewood Lane Date: 5/23/20XX

 Flexeril 10 mg
Dispense 30
Sig: i po TID prn

Refill: 0

DAW:
generic okay

George Platz
Signature

DEA# _____

MUST INTERPRET

1. Patient Name (and identified in computer)
2. Rx Written Date
3. Drug Name, Drug Strength, Drug Dosage Form
4. Generic Substitution Permission
5. Quantity to Dispense
6. SIG (instructions for the patient)
7. Refills
8. Physician Name
9. Controlled Substance Documentation (if applicable)

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