

OUTPATIENT ISSUES FOR SCHEDULE II MEDICATIONS

PHARMACY

1. NMC/MTF/HOSPITAL/CLINIC NAME

2. Pharmacy Location

OUTPATIENT ISSUES

Instructions:

The board member shall ensure that random samples of dispensing order documents are sampled. The serial number shall be recorded below and discrepancies annotated. The following items will be verified:

1. Written in indelible ink or typewritten.
2. Contain the following:
 - a. Full name of patient.
 - b. Date prescription is written.
 - c. Patient's age (if 12 years or younger).
 - d. Dosage.
 - e. Quantity to be dispensed - no refills if Schedule II.
 - f. Complete directions for patient to follow.
 - g. Signed by the prescriber (Exception: electronic ordering)
 - h. Prescriber's name stamped, typed, or printed.
 - i. Prescriber's social security number or DEA Number. (Exception: electronic ordering)
 - j. Dispenser will note the following:
 - (1) Date medication dispensed.
 - (2) Serialize the prescription.
 - (3) Sign the prescription.
 - k. On the reverse side of the DD 1289 the following will be annotated:
 - (1) Date received.
 - (2) Address of person receiving the medication.
 - (3) Receiver's signature.
 - (4) Printed name of person receiving medications.

Serial Number	Discrepancy

Total Number of Documents Reviewed

MEMBER CONDUCTING INVENTORY

1. Name	2. Rank / Rate	3. Telephone Number <i>(Include Area Code)</i>
4. Signature		5. Date

SENIOR BOARD MEMBER

1. Name	2. Rank / Rate	3. Telephone Number <i>(Include Area Code)</i>
4. Signature		5. Date