Patient name:_____ Patient Initials:_____

Age:_____ Date of Birth_____

Address:_____

R_X

Current Date:_____

Medication:_____ **Numerical Dosage:_____**

No Substitutions ☐ **Written Dosage:_____**

Conditions:_____

Sig:_____

Instructions(abr.):

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

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

Prescribed by: _____ **DEA# _____**

NECSI Prescription Form 0.2 (6/8/2009)

SEE INSTRUCTIONS BELOW

Field Instructions

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

Patient Initials: Write the first letter of the patient's first, middle, and last names in block capitals. Example: "JAS."

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."

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

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."

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

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

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

Sig: Write out full instructions for the administration of the medication, including amount, route, and timing. Example: "One tablet by mouth every four hours and at bed time."

Amount: Write the abbreviated amount of medication to be administered. Example: "1 tab"

Route: Write the abbreviated route instructions. Example: "PO."

Timing: Write abbreviated timing instructions. Example: "qid and hs."

Refill: Write the number of times a patient can have the prescription refilled. Example: "3."

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

Patient name: __John Allston Smith__   Patient Initials: __JAS__
Age: __32__   Date of Birth __06/25/1978__
Address: __123 Main St., Big City, MA 02134__

℞

Current Date: __03/28/2010__

Medication: __Cerebyx__   Numerical Dosage: __151 mg__

No Substitutions ☑   Written Dosage: __One hundred and fifty-one milligrams__

Conditions: __Seizures__

Sig: __One tablet by mouth every four hours and at bed time.__

Instructions(abr.):

Amount: __1 tab__   Route: __PO__   Timing: __qid and hs__

Refill: __3__   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 0.2 (6/8/2009)