

Documentation – Sample template

Patient Information

Name: _____
Address: _____

Telephone: _____
Date of Birth: _____

Pharmacist Information

Name: _____
Registration: _____
Pharmacy: _____

Telephone: _____
Fax: _____

Prescription Information

Original Prescription Information

Original Prescription No.: _____
Date of Original Rx: _____
Original Rx Details (name, strength, quantity, duration): _____

Copy attached? Yes No

Adapted/Renewed Information

Date: _____
Adapted/Renewed Rx Details:

Original Prescriber Information

Name: _____
Contact (phone/fax): _____

Rationale for Prescribing

(Consider Patient Assessment, Circumstances, etc.)

Monitoring/Follow-up Plan

Consent

Consent was received from the patient/agent

Notification Information

Names of Prescriber/Practitioner notified: _____
Date of Notification: _____
Method of Notification: _____
Fax # _____ Phone # _____ Other _____