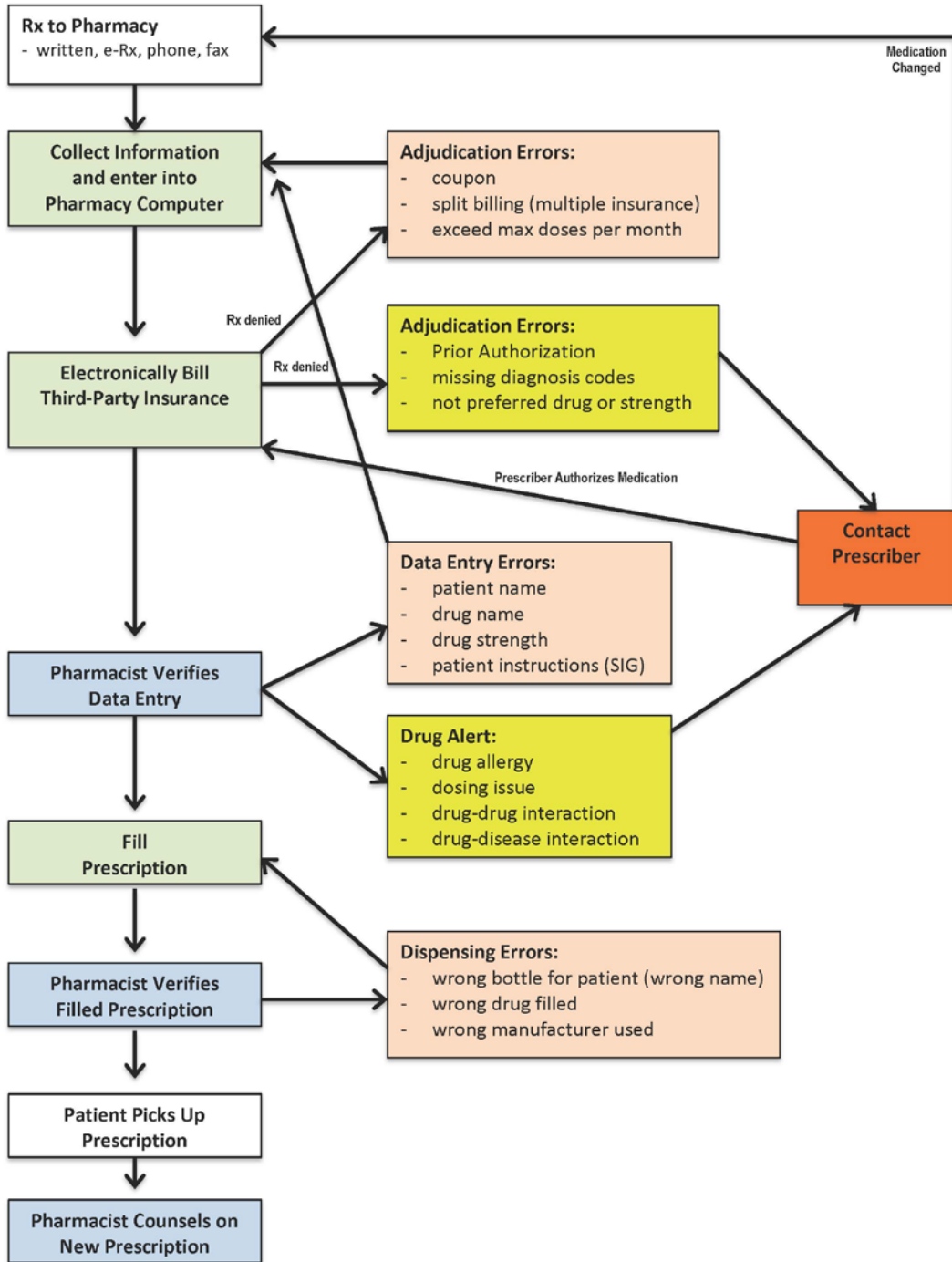



Verifying Computerized Data Entry and Filled Prescriptions


Flow sheet for filling and verifying a prescription



Verify the following computerized prescription data entry

Pharmacist Computerized Check			
Rx#: 10367749	Written Date: 1/16/20XX	Patient Information:	
	Exp Date: 1 year	Name: Wendy J. Moore	
Original Prescription:		DOB: 4/3/20XX	Age: 17 Wt: 142 lbs
Internal Medicine Specialists 908 Concord		Address: 932 Illinois	Phone: 785-555-1497
Name: Wendy J. Moore		Product/Item/ Refills:	
Address: 932 Illinois Date: 1/16/20XX		Prescribed: Synthroid Tab	
Synthroid 88 mcg Tablets		Strength: 88 mcg	
Dispense #30		Dispensed: Synthroid 88 mcg Tablet	
Sig: i po QD for low thyroid		Pres Qty: 30	
Refill: 11		Dis Qty: 30	
DAW: do no substitute	George Platz Signature DEA# AP7323013	Day Supply: 30	
		Refills: 11	
		Sig: Take 1 tablet by mouth once daily for low thyroid.	
		DAW: 1	Origin Code: 1
Pill Image:		Prescriber Information:	
		Name: George Platz	
		Address: 908 Concord	Fax: 785-555-8710
		DEA: AP7323013	NPI: 9999999999 Phone: 785-555-8709

CHECK EVERYTHING AGAINST THE PRESCRIPTION!

Pharmacist Computerized Check			
Rx#: 10367749	Written Date: 1/16/20XX	Patient Information:	
	Exp Date: 1 year	Name: Wendy J. Moore	
Original Prescription:		DOB: 4/3/20XX	Age: 17 Wt: 142 lbs
Internal Medicine Specialists 908 Concord		Address: 932 Illinois	Phone: 785-555-1497
Name: Wendy J. Moore		Product/Item/ Refills:	
Address: 932 Illinois Date: 1/16/20XX		Prescribed: Synthroid Tab	
Synthroid 88 mcg Tablets		Strength: 88 mcg	
Dispense #30		Dispensed: Synthroid 88 mcg Tablet	
Sig: i po QD for low thyroid		Pres Qty: 30	
Refill: 11		Dis Qty: 30	
DAW: do no substitute	George Platz Signature DEA# AP7323013	Day Supply: 30	
		Refills: 11	
		Sig: Take 1 tablet by mouth once daily for low thyroid.	
		DAW: 1	Origin Code: 1
Pill Image:		Prescriber Information:	
		Name: George Platz	
		Address: 908 Concord	Fax: 785-555-8710
		DEA: AP7323013	NPI: 9999999999 Phone: 785-555-8709

Verify the following filled prescription

Dr. Samuel Bernstein
3-C Medical Arts Building, Anytown ST 12345

Name: Bob O. Sykes

Address: 832 Missouri Street Date: 6/29/20XX

Rx Accupril 10 mg Tablet

Dispense # 60

Sig: *i po daily*

Refill: 3

DAW:

Samuel Bernstein
Signature

Dispense As Written

DEA# AB1294824

Prescription Origin Code: 1

Pharmacist Notes:

Pharmacy Software Systems
Prescription Documentation:

Rx#: 7600921

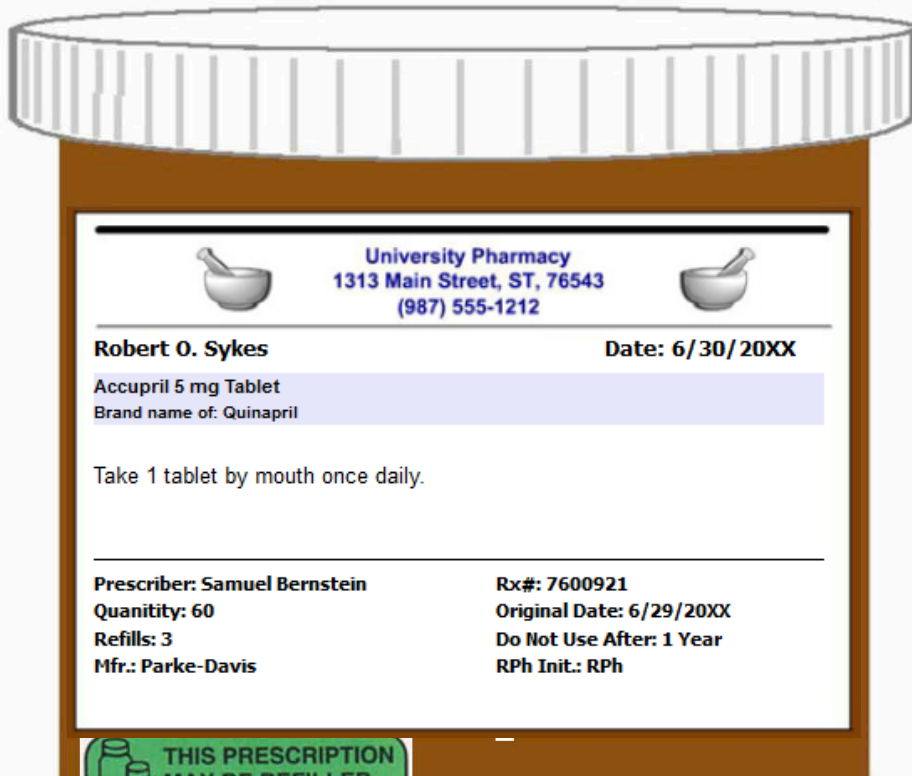
Fill Date: 6/30/20XX

RPh Initials: RPh

Drug Mfg.: Parke-Davis

INSURANCE INFORMATION

RX ORIGIN CODE: 1
PHARMACY DAW Code: 0
DRUG NDC#: 00071-0527-23
QUANTITY: 60
DAYS SUPPLY: 60
AWP COST/UNIT: \$2.46
TOTAL DRUG COST: \$147.60
DISPENSING FEE: \$2.00
TOTAL BILLED: \$149.60



THIS PRESCRIPTION
MAY BE REFILLED



Checking FROM Original Prescription TO Medication Dispensed

Dr. Samuel Bernstein
3-C Medical Arts Building, Anytown ST 12345

Name: Bob O. Sykes

Address: 832 Missouri Street Date: 6/29/20XX

R Accupril 10 mg Tablet

Dispense # 60

Sig: i po daily

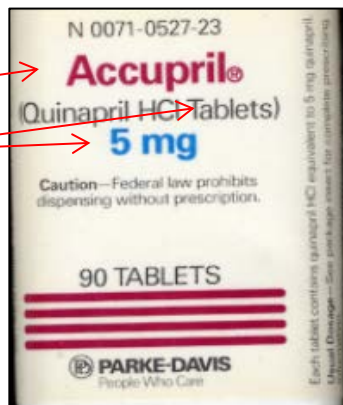
Refill: 3

DAW: _____

Dispense As Written

Samuel Bernstein
Signature

DEA# AB1294824



Comparison	Prescription	Bottle	Error	Explanation
Medication Dispensed				
Drug Name	Accupril	Accupril	No	
Drug Strength	10 mg	5 mg	YES	Wrong strength: 5 mg dispensed instead of 10 mg
Drug Dosage Form	Not specified	Tablet	No	

Checking FROM Original Prescription TO Prescription Label

Dr. Samuel Bernstein
3-C Medical Arts Building, Anytown ST 12345

Name: Bob O. Sykes

Address: 832 Missouri Street Date: 6/29/20XX

R Accupril 10 mg Tablet

Dispense # 60

Sig: i po daily

Refill: 3

DAW: _____

Dispense As Written

Samuel Bernstein
Signature

DEA# AB1294824

University Pharmacy
1313 Main Street, ST, 76543
(987) 555-1212

Robert O. Sykes Date: 6/30/20XX

Accupril 5 mg Tablet
Brand name of: Quinapril

Take 1 tablet by mouth once daily.

Prescriber: Samuel Bernstein Rx#: 7600921
Quantity: 60 Original Date: 6/29/20XX
Refills: 3 Do Not Use After: 1 Year
Mfr.: Parke-Davis RPh Init.: RPh

Comparison	Prescription	Label	Error	Explanation
Prescription Label				
Patient Name	Bob	Robert	No	Name is correct (formal name used on label)
Drug Name	Accupril	Accupril	No	
Drug Strength	10 mg	5 mg	YES	Wrong strength on label: 5 mg instead of 10 mg
Drug Dosage Form	Not specified	Tablet	No	
Sig	1 po daily	Take 1 tablet by mouth once daily.	No	Instructions are appropriately written

Checking FROM Original Prescription TO Prescription Label

Dr. Samuel Bernstein
3-C Medical Arts Building, Anytown ST 12345

Name: Bob O. Sykes



Address: 832 Missouri Street Date: 6/29/20XX

Rx Accupril 10 mg Tablet
Dispense # 60
Sig: *i po daily*

Refill: 3

DAW: Dispense As Written

Samuel Bernstein
Signature
DEA# AB1294824

 University Pharmacy 1313 Main Street, ST, 76543 (987) 555-1212 

Robert O. Sykes Date: **6/30/20XX**

Accupril 5 mg Tablet
Brand name of: Quinapril

Take 1 tablet by mouth once daily.

Prescriber: **Samuel Bernstein** Rx#: 7600921
Quantity: **60** Original Date: **6/29/20XX**
Refills: **3** Do Not Use After: 1 Year
Mfr.: Parke-Davis RPh Init.: RPH

Comparison	Prescription	Label	Error	Explanation
Prescription Label				
Doctor Name	Samuel Bernstein	Samuel Bernstein	No	
Doctor DEA Number	AB1294824		No	Only required on prescription for controlled substances
Quantity Dispensed	60	60	No	
Refills	3	3	No	
Prescription Written Date	6/29/20XX	6/29/20XX	No	

Checking FROM Prescription Label TO Dispensing Documentation



University Pharmacy
 1313 Main Street, ST, 76543
 (987) 555-1212

Robert O. Sykes

Date: **6/30/20XX**

Accupril 5 mg Tablet
Brand name of: Quinapril

Take 1 tablet by mouth once daily.

Prescriber: Samuel Bernstein

Quantity: 60

Refills: 3

Mfr: **Parke-Davis**

Rx#: **7600921**

Original Date: 6/29/20XX

Do Not Use After: 1 Year

RPh Init.: **RPh**

Pharmacy Software Systems
Prescription Documentation:

Rx#: **7600921**

Fill Date: **6/30/20XX**

RPh Initials: **RPh**

Drug Mfg.: Parke-Davis

Comparison	Source	Evaluated	Error	Explanation
Prescription Label				
Prescription Number	7600921 (label)	7600921 (disp. doc.)	No	
Date of Dispensing	6/30/20XX (label)	6/30/20XX (disp. doc.)	No	Date of Dispensing on label will always be correct
Manufacturer	Parke-Davis (bottle)	Parke-Davis (label)	No	
Pharmacist Initials	RPh (label)	RPh (disp. doc.)	No	RPh initials on label will always be correct

Checking FROM Original Prescription or Bottle TO Dispensing Documentation

Dr. Samuel Bernstein
3-C Medical Arts Building, Anytown ST 12345

Name: Bob O. Sykes

Address: 832 Missouri Street Date: 6/29/20XX

Rx Accupril 10 mg Tablet
Dispense # 60
Sig: i po daily

Refill: 3

DAW: Dispense As Written

Samuel Bernstein
Signature
DEA# AB1294824

INSURANCE INFORMATION

RX ORIGIN CODE: **1**
 PHARMACY DAW Code: **0**
 DRUG NDC#: **00071-0527-23**
 QUANTITY: **60**
 DAYS SUPPLY: **60**
 AWP COST/UNIT: \$2.46
 TOTAL DRUG COST: \$147.60
 DISPENSING FEE: \$2.00
 TOTAL BILLED: \$149.60



Comparison	Source	Dispensing Documentation	Error	Explanation
Dispensing Documentation				
NDC #	0071-0527-23 (bottle)	00071-0527-23	No	
Manufacturer	Parke-Davis (bottle)	Parke-Davis	No	
Day Supply	Qty=60, SIG=1QD (prescription)	60	No	Correct: 1 po daily at Qty 60 = 60 day supply
DAW Code	Dispense As Written (prescription)	0	YES	Correct: DAW 1 = Physician DAW Substitution not allowed by prescriber
Prescription Origin Code	Written prescription (prescription)	1	No	Correct: Rx origin code 1=Written