

UWMC/HMC PRESCRIPTION ESSENTIALS

Date	DATE <i>03/9/97</i>		
Patient Identification <i>Addressograph or provide Patient name, ID#, age, and sex.</i>	PT. NO. <i>9 12 12 12</i>	ALLERGIES: <input checked="" type="checkbox"/> NKDA	
	NAME <i>JONES, J.</i>		
	D.O.B. <i>29AUG1977</i> AGE <i>19</i> F		
PRESCRIPTION ORDER			
Refills Authorized	<i>Rx</i> <i>Tylenol w/ Codeine No. 3</i> <i>#15 (fifteen) tablets</i> <i>Sig: 1 tab po q6h c̄ food prn pain.</i>		
Printed Name	REFILL 0 1 (2) 3 PRN	DATE	PHYSICIAN No. <i>1234</i> CLINIC <i>Pain Clinic</i>
Signature of Authorized Prescriber <i>(Signature stamps are not valid on UWMC and HMC prescriptions.)</i>	PRINT PHYSICIAN'S NAME HERE <i>John Smith</i>		DEA No. <i>AB 1234567</i>
	PHYSICIAN SIGNATURE (SUBSTITUTION PERMITTED) <i>John Smith</i> M.D.	PHYSICIAN SIGNATURE (DISPENSE AS WRITTEN) M.D.	

(Not an actual reproduction of the form used at either UWMC or HMC)

Inscription:
Drug Name & Strength
(Utilize terminology listed in the Drug Formulary and *do not* abbreviate drug names.)

Subscription:
Dosage Form & Number of Dosage Units
(Clearly specify in both writing and in figures.)

Signa: Patient Directions
(Washington law prohibits the use of "As Directed.")

Prescriber's Code Number

DEA Number
(Required for all controlled substances. Assistance with DEA registration is obtained through the House Staff Coordinator's office.)

Important Points to Remember about Prescriptions:

1. All prescriptions must be written clearly and correctly.
2. The 10 elements illustrated above must be present.
3. Within the two institutions, only prescription blanks approved by the Medical Centers are valid.
4. Instructions to the patient should be in clear, concise, and simple terminology.
5. Initiate a new prescription rather than altering the name, strength, or quantity on the face of a prescription for a controlled substance. Avoid or initial any changes to other prescriptions.
6. Non-controlled substance prescriptions are refillable for a maximum of 1 year.
7. Controlled substance prescriptions written by non-DEA registered prescribers must have the appropriate institution DEA number (HMC-AH3308702, UWMC-AU0970916) plus the individual prescriber's code number.
8. Schedule II prescriptions must be presented in writing to the pharmacist and should be filled within 72 hours of the time that they are prescribed.
9. Refills of Schedule II prescriptions are not permitted.
10. Refills for Schedule III-IV prescriptions are valid for a maximum of five refills in six months.

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