

Lab Final PRESCRIPTION CHECK OFFSHEET

The criteria below will be used to evaluate your filled prescription. You will lose all points for a given criterion if any of the item is incorrect. The instructor will keep this form after checking your work.

ASSEMBLY	Points
<i>Documents and product(s) neatly assembled and organized for checking</i>	<i>/0.5</i>
<i>Appropriate pt handout printed</i>	<i>/1</i>
LABEL	
<i>Patient name correct</i>	<i>/2</i>
<i>Doctor correct</i>	<i>/1</i>
<i>Directions for patient correct</i>	<i>/3</i>
<i>Medication name correct</i>	<i>/2</i>
<i>Medication strength correct</i>	<i>/1</i>
<i>Quantity correct</i>	<i>/1</i>
<i>Auxiliary labels correct</i>	<i>/3</i>
<i>Prescription label placed neatly on vial/package</i>	<i>/0.5</i>
<i>Correct PharmD initials written onto label</i>	<i>/1</i>
PRODUCT	
<i>Product correct</i>	<i>/3</i>
<i>Vial and lid correspond</i>	<i>/0.5</i>
PRESCRIPTION BLANK:	
<i>Correct RPh initials on front</i>	<i>/0.5</i>
	<i>/20</i>

Instructor initials _____