APPE Community PRCT 553 Rx Transfer

Activity: Document a prescription transferred over the phone to or from your rotation site.

Name of the pharmacy in which the transfer is taking place (Question 1 of 10 - Mandatory)

First name of the pharmacist requesting or receiving the transfer (Question 2 of 10 - Mandatory)

Patient's gender (Question 3 of 10 - Mandatory)
- Male
- Female

Patient's age (Question 4 of 10 - Mandatory)
- NA
- <1
- 1-10 yrs
- 11-18 yrs
- 19-65 yrs
- 66-79 yrs
- >79 yrs

Name of medication (Question 5 of 10 - Mandatory)

Strength of medication (Question 6 of 10 - Mandatory)

Quantity of medication (Question 7 of 10 - Mandatory)

Instructions for taking medication (Sig) (Question 8 of 10 - Mandatory)

Original and last fill dates of prescription (Question 9 of 10 - Mandatory)

Number of refills remaining (Question 10 of 10 - Mandatory)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.