

**UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY**  
**ADVANCED PHARMACY PRACTICE EXPERIENCES**

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Student: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Rotation Type: **COMMUNITY** Rotation #

Preceptor: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

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**APPE Community PRCT 553 Rx Verification**

Directions: For a prescription that has been entered and filled, complete the verification process.

Check all selections that were verified. (Question 1 of 9 - Mandatory)

- | Selection | Option   |
|-----------|--|
|           | Correct patient                                |
|           | Correct medication                             |
|           | Correct strength                               |
|           | Correct directions                             |
|           | Correct quantity                               |
|           | Correct number of refills                      |
|           | Correct days supply                            |
|           | Correct prescriber                             |
|           | Dispense as written / Substitution permissible |
|           | Correct date                                   |
|           | Correct medication dispensed                   |
|           | Correct requested quantity                     |

Give the medication, dose, directions, quantity and refill number for the prescription. (Question 2 of 9 - Mandatory)

Are there any errors made by the prescriber? (Question 3 of 9 - Mandatory)

Review the patient's allergies and medication profile for interactions. Is it acceptable to dispense this medication?  
(Question 4 of 9 - Mandatory)

For controlled prescriptions, verify that the prescriber's DEA number is legitimate. Describe this process. (Question 5 of 9 - Mandatory)

Was there any part of the prescription that was illegible? How did you solve this problem? (Question 6 of 9 - Mandatory)

Did you apply any accessory labels? Is so, which ones and why? (Question 7 of 9 - Mandatory)

Were there any problems with third party payers? How did you correct this? (Question 8 of 9 - Mandatory)

Provide counseling to the patient on this medication and describe the interaction. Be sure to use open-ended questions and verify that the patient understands. (Question 9 of 9 - 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.