

UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
ADVANCED PHARMACY PRACTICE EXPERIENCES

Student: _____ Date: ___/___/___ Rotation Type: **COMMUNITY** Rotation #

Preceptor: _____ Preceptor Signature: _____

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.