

**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 Telephone Rx Order**

Activity: Document a prescription order over the telephone from a prescribers's office

Answer the phone properly by stating the pharmacy name and then your name.

Document the following:

Credentials of prescriber's representative calling in the Rx. (Question 1 of 11 - Mandatory)

Self    RN    PharmD    Other

If other, give credentials. (Question 2 of 11)

Prescriber credentials. (Question 3 of 11 - Mandatory)

MD    Nurse Practitioner    Physician's Assistant    Other

If other, give prescriber Credentials. (Question 4 of 11)

Patient's gender. (Question 5 of 11 - Mandatory)

Male    Female

Patient's age. (Question 6 of 11 - Mandatory)

NA    <1    1-10 yrs    11-18 yrs    19-65 yrs    66-79 yrs    >79 yrs

Name of Medication (Question 7 of 11)

Strength of Medication (Question 8 of 11)

Quantity of medication (Question 9 of 11)

Instructions for taking medication (Sig) (Question 10 of 11)

Number of refills authorized (Question 11 of 11)

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.