UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

Student: Date: / / Rotation Type: **COMMUNITY** Rotation #: ☐1 ☐2 ☐3 ☐4
PHCY 650
Preceptor: Preceptor Signature:

Activity: Prescription Verification

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

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

Medication: Dose: Directions: Qty: Refills:

Are there any errors made by the prescriber?

Review the patient's allergies and medication profile for interactions. Is it acceptable to dispense this medication?

For controlled prescriptions, verify that the prescriber's DEA number is legitimate. Describe this process.

Was there any part of the prescription that was illegible? How did you solve this problem?

Did you apply any accessory labels? If so, which ones and why?

Were there any problems with third party payers? How did you correct this?

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.

ACPE Pre-APPE Core Domains: Patient Safety (Key Elements 2.2); Insurance, Prescription Drug Coverage (Key Element 2.2)
Core Entrustable Professional Activities: Practice Manager Domain-Fulfill a medication order.