

Fraudulent Prescription Documentation Form

This form to be voluntarily completed by pharmacy personnel

- 1) Date prescription was presented to pharmacy: _____ Time: _____
 Did pharmacy personnel verify the prescription in question to be a forgery? ___ YES ___ NO
 If yes, to whom did you speak?

Name: _____ Title: _____
 Phone: _____ Fax: _____

- 2) Please provide the information as it is on the prescription:

Patient Name: _____

Date of Birth (if applicable) _____

(Medication)

Name: _____ Strength _____

Quantity: _____ Directions: _____

(Doctor's Information)

Name: _____ DEA # _____

Address: _____

Phone: _____ Fax: _____

- 3) Did pharmacy personnel obtain photo identification from anyone involved? ___ YES ___ NO

Please provide the information below as seen on the identification

Type of identification (i.e. Driver's License, State ID, etc) _____

Name: _____ Date of Birth _____

Address: _____

Driver's License Number or ID Number: _____

- 4) Name of Pharmacy: _____

Address of Pharmacy: _____

Pharmacy Phone: _____ Fax _____

Pharmacist on Duty during incident: _____

- 5) Please write a brief statement regarding the incident and attach to this form.

- 6) Person Completing this form

Name _____ Title _____

Date _____