DEPARTMENT OF HEALTH
HEALTH PROFESSIONS QUALITY ASSURANCE
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
POLICY STATEMENT

<table>
<thead>
<tr>
<th>Title:</th>
<th>Best Practice Guidelines for Verbal Prescriptions</th>
<th>Number: OP 02-28</th>
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<tbody>
<tr>
<td>Reference:</td>
<td>Board minutes: June 7, 2002; September 13, 2002; September 26, 2014</td>
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<td>Contact:</td>
<td>Program Manager</td>
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<tr>
<td>Effective Date:</td>
<td>September 13, 2002; Modified September 26, 2014</td>
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<td>Supersedes:</td>
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<td>Approved:</td>
<td>Board</td>
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<td>Signature Board Chair</td>
<td>Mark Hunt, D.O.</td>
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BEST PRACTICE GUIDELINES FOR VERBAL PRESCRIPTIONS

Goal: Reduce medication errors, increase patient safety, and prevent fraud and diversion by improving the effectiveness of communication among health care providers. The best person to communicate prescription information to a pharmacist would be the prescriber or at his or her direction, a prescriber’s employee or a licensed health care provider treating the patient within the scope of their practice.

When calling in a prescription to a pharmacist, the following information should be provided:

Patient Information
- Name, including middle initial (spell last name if unusual)
- Date of birth

Drug Information
- Drug name
- Dosage
- Strength
- Directions (dose & frequency of administration)
- Route of administration
- Quantity (number)
- Refills, if any
- Notation of purpose, if appropriate
- If generic substitution is permitted
Prescriber Information

- Name (whole name, with identifier, if a common name)
- Name of clinic or practice
- DEA number if appropriate,
- Name and role of the caller, if other than practitioner
- Phone number where the pharmacist can check back with the prescriber if there are any questions about the prescription.