APPENDIX II
Template Pharmacist Prescribing Documentation and Notification Form B

(for use when continuing or altering an existing prescription)

Patient Information:

Name _____ Date of Birth _____ MCP # _____

Documentation of Informed Consent:

The patient and/or their agent was provided with sufficient information to allow him/her to make an informed decision regarding the pharmacist prescribing and voluntarily provided his/her consent.

Consent provided by: ◯ Patient ◯ Patient's Agent: _____

Prescribing Details:

Prescription Date: _____ **Prescription #** *(if applicable)*: _____

Category of Prescribing:

◯ Interim Supply ◯ Prescription Adaptation

◯ Prescription Extension ◯ Therapeutic Substitution

Original Prescription Information:

Date: _____ **Prescription #** *(if applicable)*: _____

Details: _____

Prescribing Rationale *(include assessment details and any other supporting information, as appropriate)*

Follow-up Plan & Results *(as appropriate)*: _____

Patient Communication: _____

Pharmacist Information:

Name _____ Registration # _____ Pharmacist Signature _____

Pharmacy Name (if applicable) _____ Phone # _____ Fax # _____

Notification Information:

Name of Health Care Provider Notified _____ Phone # _____ Fax # _____

Method of Notification: ◯ Fax ◯ Other: _____ Date Sent: _____