Pharmacist Prescribing Documentation Form

Patient Information:

Name | Date of Birth | MCP #

Pharmacist Information:

Name | Registration # | Pharmacist Signature

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

Prescribing Details:

Category of Prescribing:

- ☐ Prescription for Schedule I, II III or Unscheduled Drug for a Minor Ailment
- ☐ Prescription for Schedule I, II, III or Unscheduled Drug for a Preventable Disease
- ☐ Prescription for Schedule II, III or Unscheduled Drug for Other Purpose
- ☐ Interim Supply
- ☐ Prescription Extension
- ☐ Prescription Adaptation
- ☐ Therapeutic Substitution

Prescription Date: _____

Prescription Details *(medication, dose, instructions, etc.)*:

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

Follow-up Plan & Results:

Patient Communication:

Communication with Other Healthcare Providers: