# 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:**