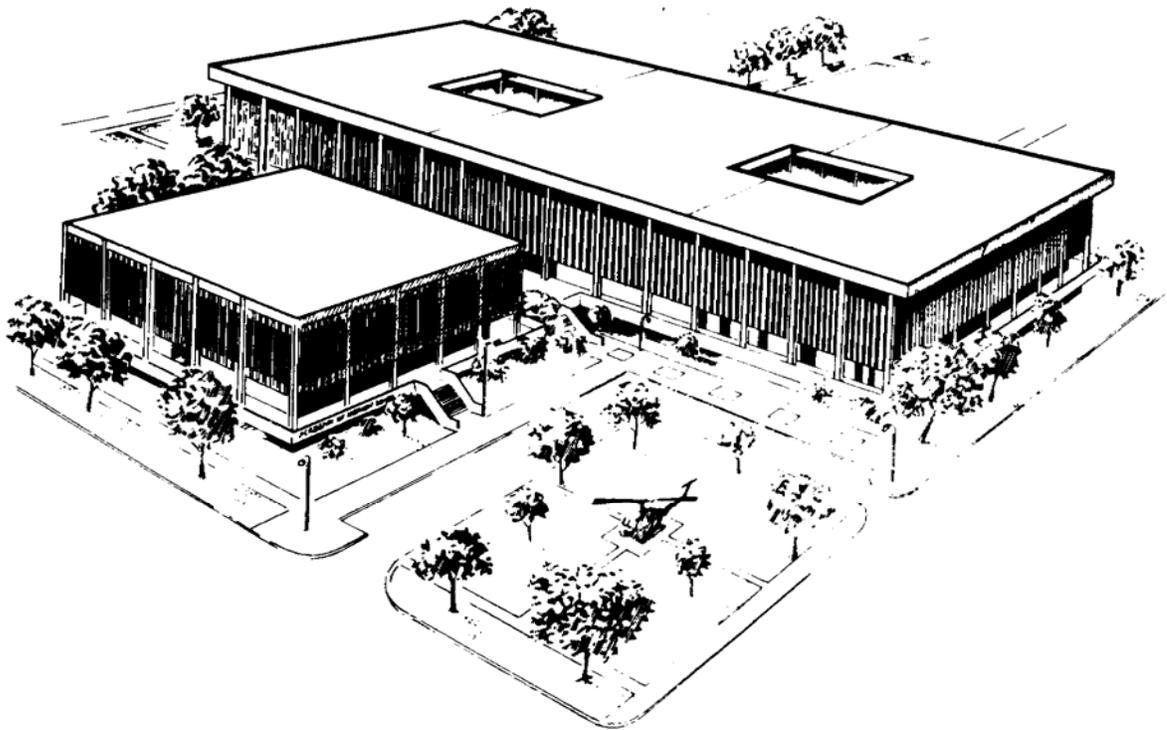


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**U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL  
FORT SAM HOUSTON, TEXAS 78234-6100**

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# **OUTPATIENT DISPENSING**

**SUBCOURSE MD0810    EDITION 100**

## **DEVELOPMENT**

This subcourse is approved for resident and correspondence course instruction. It reflects the current thought of the Academy of Health Sciences and conforms to printed Department of the Army doctrine as closely as currently possible. Development and progress render such doctrine continuously subject to change.

## **ADMINISTRATION**

Students who desire credit hours for this correspondence subcourse must meet eligibility requirements and must enroll in the subcourse. Application for enrollment should be made at the Internet website: <http://www.atrrs.army.mil>. You can access the course catalog in the upper right corner. Enter School Code 555 for medical correspondence courses. Copy down the course number and title. To apply for enrollment, return to the main ATRRS screen and scroll down the right side for ATRRS Channels. Click on SELF DEVELOPMENT to open the application and then follow the on screen instructions.

For comments or questions regarding enrollment, student records, or examination shipments, contact the Nonresident Instruction Branch at DSN 471-5877, commercial (210) 221-5877, toll-free 1-800-344-2380; fax: 210-221-4012 or DSN 471-4012, e-mail [accp@amedd.army.mil](mailto:accp@amedd.army.mil), or write to:

NONRESIDENT INSTRUCTION BRANCH  
AMEDDC&S  
ATTN: MCCS-HSN  
2105 11TH STREET SUITE 4191  
FORT SAM HOUSTON TX 78234-5064

## **CLARIFICATION OF TERMINOLOGY**

When used in this publication, words such as "he," "him," "his," and "men" are intended to include both the masculine and feminine genders, unless specifically stated otherwise or when obvious in context.

## **USE OF PROPRIETARY NAMES**

The initial letters of the names of some products may be capitalized in this subcourse. Such names are proprietary names, that is, brand names or trademarks. Proprietary names have been used in this subcourse only to make it a more effective learning aid. The use of any name, proprietary or otherwise, should not be interpreted as endorsement, deprecation, or criticism of a product; nor should such use be considered to interpret the validity of proprietary rights in a name, whether it is registered or not.

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**CORRESPONDENCE COURSE OF  
THE U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL**

**SUBCOURSE MD0810**

**OUTPATIENT DISPENSING**

**INTRODUCTION**

When will the patient come into contact with the outpatient pharmacy section? Is it when the patient is feeling fine and well rested? Not hardly, most often the patient is ill, tired, weak, and disgruntled when the outpatient pharmacy window is approached with that all important prescription. It is at this time that the patient's attention is focused on the quality of service received at that window.

Who will the patient meet at that window at that crucial time? That person could be you. In order to function in the outpatient pharmacy section you must know many laws and regulations that pertain to outpatient dispensing.

This subcourse is designed to provide you with an introduction to the laws and regulations that govern outpatient dispensing. It is not intended to be used as an authoritative reference in this area. Instead, this subcourse should serve to guide your self-directed study efforts as you read journals, regulations, and other materials that provide current information on the laws and regulations governing the dispensing of outpatient prescriptions.

**Subcourse Components:**

The subcourse instructional material consists of four lessons as follows:

Lesson 1, Interpretation of a Prescription Form (DD Form 1289).

Lesson 2, Laws Pertaining to Outpatient Dispensing.

Lesson 3, Army Regulations and Policies Pertaining to Outpatient Dispensing.

Lesson 4, Filling the Prescription.

Here are some suggestions that may be helpful to you in completing this subcourse:

--Read and study each lesson carefully.

--Complete the subcourse lesson by lesson. After completing each lesson, work the exercises at the end of the lesson, marking your answers in this booklet.

--After completing each set of lesson exercises, compare your answers with those on the solution sheet that follows the exercises. If you have answered an exercise incorrectly, check the reference cited after the answer on the solution sheet to determine why your response was not the correct one.

**Credit Awarded:**

Upon successful completion of the examination for this subcourse, you will be awarded 8 credit hours.

To receive credit hours, you must be officially enrolled and complete an examination furnished by the Nonresident Instruction Branch at Fort Sam Houston, Texas.

You can enroll by going to the web site <http://atrrs.army.mil> and enrolling under "Self Development" (School Code 555).

A listing of correspondence courses and subcourses available through the Nonresident Instruction Section is found in Chapter 4 of DA Pamphlet 350-59, Army Correspondence Course Program Catalog. The DA PAM is available at the following website: <http://www.usapa.army.mil/pdffiles/p350-59.pdf>.

## LESSON ASSIGNMENT

<b>LESSON 1</b>	Interpretation of a Prescription Form (DD Form 1289).
<b>TEXT ASSIGNMENT</b>	The programmed text.
<b>TASKS TAUGHT</b>	081-824-0001, Perform initial screening of a prescription. 081-824-0002, Fill a prescription for a non-controlled drug. 081-824-0003, Fill a prescription for a controlled drug. 081-824-0004, Fill a prescription to be compounded. 081-824-0005, Label a prescription. 081-824-0006, Refill a prescription. 081-824-0007, File a prescription.
<b>LESSON OBJECTIVES</b>	After completing this lesson, you should be able to:  1-1. Given several form numbers, select the form number used as the approved one-item prescription form at all Army medical treatment facilities.  1-2. Given a Latin term or abbreviation that may appear on a prescription and a list of meanings, select the meaning of that term or abbreviation.  1-3. Given a completed one-item prescription for (DD Form 1289) and a list of alternative responses, select the following information from the prescription: The name of the patient, the address of the patient, the prescribed medication to be dispensed, the directions to the patient, refill information, and/or the name rank of the prescriber.

## INTRODUCTION TO LESSON 1

Lesson 1 is written in the form of a programmed text. It is divided into three parts. First, the prescription blank (DD 1289) is explained in detail. Then, the language of the prescription (pharmaceutical Latin) is presented. Finally, practice exercises are provided to develop your skills in prescription interpretation.

Since the lesson is in the form of a programmed text, you will be expected to answer several questions at the end of each segment of information. These questions will seem easy, and you will find that by answering them carefully, yet quickly, you are able to progress rapidly through the text. The correct answers are provided in the gray area to the right of the questions. If you discover that you have made an error in answering a question, read the information preceding it again to see where you made your mistake. Then, go on to the next segment.

FRAME 1

DD Form 1289 (Department of Defense Prescription) is the approved one-item form used at Army medical treatment facilities.

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)		(If under 12 years, give age.)		
MEDICAL FACILITY		DATE		
<i>Rx</i>		Gm. or ml.		
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE			
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>		

**Question:**

The approved one-item prescription form used at Army medical treatment facilities is DD Form \_\_\_\_\_.

**Answer:**

The approved one-item prescription form used at Army medical treatment facilities is DD Form 1289.

FRAME 2

There are eight major parts to each prescription. The first of these parts, Block 1, contains the information which identifies the patient. It will have the full name and address or telephone number of the patient. On prescriptions for children twelve years of age and under, AR 40-3 recommends that the child's age be written on the form.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
<b>BLOCK 1</b>				
MEDICAL FACILITY			DATE	
$\mathcal{R}$		<i>Gm. or ml.</i>		
MFGR:		EXP. DATE:		
LOT NO:		FILLED BY:		
$\mathcal{R}$ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

Patient information found in Block 1 above includes the patient's \_\_\_\_\_ and address or \_\_\_\_\_.

**Answer:**

Patient information found in Block 1 above includes the patient's name and address or telephone number.

FRAME 3

### Section I. THE PRESCRIPTION FORM

The One-Item Prescription (DD Form 1289)  
DD Form 1289 (Department of Defense Prescription) is the  
approved one-item form used at Army medical treatment

facilit  
ies.

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> <b>1289</b>	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.)		(If under 12 years, give age.)	
MEDICAL FACILITY	DATE		
<i>Rx</i>	Gm. or ml.		
MFGR:	EXP DATE:		
LOT NO:	FILLED BY:		
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>	EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>

**Question:**

The approved one-item prescription form used at Army  
medical treatment facilities is DD Form \_\_\_\_\_.

**Answer:**  
DD Form 1289.

FRAME 4

There are eight major parts to each prescription. The first of these parts, Block 1, contains the information which identifies the patient. It will have the full name and address or telephone number of the patient. On prescriptions for children twelve years of age and under, AR 40-3 recommends that the child's age be written on the form.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.)			( If under 12 years, give age.)	
<b>BLOCK 1</b>				
MEDICAL FACILITY			DATE	
℞			<i>Gm. or ml.</i>	
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
℞ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

Patient information found in Block 1 above includes the patient's \_\_\_\_\_ and address or \_\_\_\_\_.

**Answer:**

Patient information found in Block 1 above includes the patient's name and address or telephone number.

FRAME 5

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
<p>SFC John P. Taylor          1363 Soldier Road          Ft Sam Houston, TX          221-6453</p>				
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00		
<p><b>Rx</b>          Aldomet Tablets          Disp: 120          Sig: <math>\dot{\bar{i}}</math> p.o. QID</p>				<p>Gm. or ml.          5</p>
MFGR: MSD	EXP DATE: 7/03			
LOT NO: 1148A	FILLED BY: CWT			
001022	James Dean			
Rx NUMBER	SIGNATURE, RANK AND DEGREE CPT, M.D.			
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>		

Prescription Number

**Question:**

Prescription 1022 is to be dispensed to

\_\_\_\_\_.

**Answer:**

Prescription No. 1022 is to be dispensed to SFC John P. Taylor.

FRAME 6

The second part of the prescription form, Block 2, identifies the medical facility where the prescription was written. It may also contain the name of the clinic or department at that facility.

<i>SAMPLE</i>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<i>SAMPLE</i>	
FOR ( Full name, address & phone number.)		(If under 12 years, give age.)		
MEDICAL FACILITY		DATE		
<b>BLOCK 2</b>				
<i>Rx</i>		Gm. or ml.		
MFGR:		EXP. DATE:		
LOT NO:		FILLED BY:		
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE		
<i>SAMPLE</i>		EDITION OF 1 JAN 60 MAY BE USED. <i>SAMPLE</i>		

**Question:**

Block 2 identifies the \_\_\_\_\_ where the prescription was written.

**Answer:**

Block 2 identifies the medical facility where the prescription was written.

FRAME 7

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453				
MEDICAL FACILITY Alamo Army Hosp			DATE 6 Mar 00	
<i>Rx</i>  Aldomet Tablets Disp: 120 Sig: † p.o. QID			Gm. or ml.  5	
MFGR: MSD		EXP DATE: 7/03		
LOT NO: 1148A		FILLED BY: CWT		
001022		James Dean		
Rx NUMBER		SIGNATURE, RANK AND DEGREE		
SAMPLE		SAMPLE		
EDITION OF 1 JAN 60 MAY BE USED.				

**Question:**

Prescription 1022 was written at \_\_\_\_\_  
\_\_\_\_\_.

**Answer:**

Prescription No. 1022 was written at Alamo Army Hospital.

FRAME 8

<b>SAMPLE</b>		DD <sup>FORM</sup> <sub>1 NOV 71</sub> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6			
198 Jamison Place			
Ft Sam Houston, TX			
221-6519			
MEDICAL FACILITY		DATE	
Dewitt Army Hosp		3 Apr 00	
<b>R<sub>x</sub></b>		gm. or ml.	
Dimetapp Elixir			
Disp: 4 ounces			
Sig: † tsp p.o. QID			
MFGR: A.H. Robins	EXP DATE: 3/04		
LOT NO: 1462	FILLED BY: CWT		
001043	Charles Edwards		
<b>R<sub>x</sub></b> NUMBER	SIGNATURE, RANK, AND DEGREE		
	MGT, M.D.		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

Prescription 1043 was written at \_\_\_\_\_  
\_\_\_\_\_.

**Answer:**

Prescription No. 1043 was written at DeWitt Army Hospital.

FRAME 9

Prescriptions shall be dated as of the day they are written.  
This information is found in Block 3.

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
<small>FOR ( Full name, address &amp; phone number.)</small>			<small>(If under 12 years, give age.)</small>	
MEDICAL FACILITY			DATE	
			<b>BLOCK 3</b>	
$\mathcal{R}$		<small>Gm. or ml.</small>		
MFGR:	EXP. DATE:			
LOT NO:	FILLED BY:			
$\mathcal{R}$ NUMBER		SIGNATURE, RANK AND DEGREE		
<small>SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE</small>				

**Question:**

Block 3 tells what \_\_\_\_\_ the prescription was written.

**Answer:**

Block 3 tells what date the prescription was written

FRAME 10

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453				
MEDICAL FACILITY Alamo Army Hosp			DATE 6 Mar 00	
℞ Aldomet Tablets Disp: 120 Sig: † p.o. QID			Gm. or ml. 5	
MFGR: MSD		EXP DATE: 7/03		
LOT NO: 1148A		FILLED BY: CWT		
001022 ℞ NUMBER		James Dean CPT, M.D. SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

Prescription 1022 was written on \_\_\_\_\_.

**Answer:**

Prescription 1022 was written on 6 March 2000.

FRAME 11

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.)		(If under 12 years, give age.)	
Mary Johnson, Age 6			
196 Jamison Place			
Ft Sam Houston, TX			
221-0519			
MEDICAL FACILITY		DATE	
Dewitt Army Hosp		3 Apr 00	
<b>R</b>		gm. or ml.	
Dimetapp Elixir			
Disp: 4 ounces			
Sig: $\dot{\bar{i}}$ tsp p.o. QID			
MFGR: A.H. Robins	EXP DATE: 3/04		
LOT NO: 1462	FILLED BY: CWT		
001043	Charles Edwards		
<small>Rx</small> NUMBER	SIGNATURE, F.A.M.A. D.D. DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

**Question:**

Prescription 1043 was written on \_\_\_\_\_.

**Answer:**

Prescription 1043 was written on 3 April 2000.

FRAME 12

An important part of the prescription consists of one line, as shown in Block 4. This is the metric line. It serves as a decimal point when quantities or strengths are prescribed using the metric system. If the drug or chemical is a solid, the unit of weight specified by the metric line will be grams. If it is a liquid, the unit of measure will be milliliters.

<b>SAMPLE</b>		DD FORM 1289 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
℞		Gm. or ml.		
		BLOCK 4		
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
℞ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

The metric line serves as a \_\_\_\_\_ when quantities or strengths are prescribed using the metric system.

**Answer:**

The metric line serves as a decimal point when quantities or strengths are prescribed using the metric system.

FRAME 13

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
<i>Rx</i>		<i>Gm. or ml.</i>		
<i>A solid</i>		<i>1</i>	<i>5</i>	
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

The prescription calls for \_\_\_\_\_ of a solid.

**Answer:**

This prescription calls for 1.5 grams of a solid.

FRAME 14

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
<i>Rx</i>		<i>Gm. or ml.</i>		
<i>A liquid</i>		<i>4</i>	<i>8</i>	
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

This prescription calls for \_\_\_\_\_ of a liquid.

**Answer:**

This prescription calls for 4.8 milliliters of a liquid.

FRAME 15

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>																		
FOR (Full name, address & phone number.) (If under 12 years, give age.)																					
CPT Robert Wallace 1025 Barrington Ft Sam Houston, TX 221-6304																					
MEDICAL FACILITY Alamo Army Hosp			DATE 4 March 2000																		
<table border="1"> <tr> <td rowspan="4"><b>R<sub>x</sub></b></td> <td></td> <td colspan="3">Gm. or ml.</td> </tr> <tr> <td>Menthol crystals</td> <td>10</td> <td> </td> <td>0</td> </tr> <tr> <td>Ethyl alcohol</td> <td>80</td> <td> </td> <td>0</td> </tr> <tr> <td>Dist. H<sub>2</sub>O</td> <td>q.s.a.d. 120</td> <td> </td> <td>0</td> </tr> </table>					<b>R<sub>x</sub></b>		Gm. or ml.			Menthol crystals	10		0	Ethyl alcohol	80		0	Dist. H <sub>2</sub> O	q.s.a.d. 120		0
<b>R<sub>x</sub></b>		Gm. or ml.																			
	Menthol crystals	10		0																	
	Ethyl alcohol	80		0																	
	Dist. H <sub>2</sub> O	q.s.a.d. 120		0																	
MFGR:		EXP DATE:																			
LOT NO:		FILLED BY:																			
		Harold Jones																			
<b>R<sub>x</sub></b> NUMBER		SIGNATURE, RANK AND DEGREE MAL MD																			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>																					

**Question:**

How much of each ingredient is called for in this prescription? (specify units)

Menthol crystals \_\_\_\_\_

Ethyl Alcohol \_\_\_\_\_

Distilled Water \_\_\_\_\_

**Answer:**

Menthol crystals 10  
grams (a solid)

Ethyl Alcohol 80  
milliliters (a liquid)

Distilled Water q.s.a.d.  
120 milliliters (a liquid)

FRAME 16

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>																	
FOR (Full name, address & phone number.) (If under 12 years, give age.)																				
Alice Jones 632 Funston Place Ft Sam Houston, TX 222-3010																				
MEDICAL FACILITY Alamo Army Hospital			DATE 30 April 00																	
<table border="1"> <tr> <td rowspan="5" style="vertical-align: top;"><b>R<sub>x</sub></b></td> <td></td> <td style="text-align: right;"><i>gm. or ml.</i></td> <td></td> </tr> <tr> <td>Sulfur</td> <td style="text-align: right;">12</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Zinc Oxide</td> <td style="text-align: right;">12</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Talc</td> <td style="text-align: right;">12</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Lotion base</td> <td style="text-align: right;">q.s. 120</td> <td style="text-align: right;">0</td> </tr> </table>					<b>R<sub>x</sub></b>		<i>gm. or ml.</i>		Sulfur	12	0	Zinc Oxide	12	0	Talc	12	0	Lotion base	q.s. 120	0
<b>R<sub>x</sub></b>		<i>gm. or ml.</i>																		
	Sulfur	12	0																	
	Zinc Oxide	12	0																	
	Talc	12	0																	
	Lotion base	q.s. 120	0																	
MFGR:	EXP DATE:																			
LOT NO:	FILLED BY:																			
		Howard Maize M.D.																		
<small>R<sub>x</sub> NUMBER</small>		<small>SIGNATURE, RANK AND DEGREE</small>																		
<small>SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE</small>																				

**Question:**

How much of each ingredient is called for in this prescription? (specify units)

Sulfur \_\_\_\_\_  
 Zinc Oxide \_\_\_\_\_  
 Talc \_\_\_\_\_  
 Lotion Base \_\_\_\_\_

**Answer:**

Sulfur 12 grams ( a solid)  
 Zinc Oxide 12 grams (a solid)  
 Talc 12 grams (a solid)  
 Lotion Base q.s. 120 milliliters (a liquid)

FRAME 17

The largest part of the prescription, Block 5, is divided into four subparts: the superscription, inscription, subscription, and the signa. Together they form the body of the prescription.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
<i>Rx</i> _____ <i>Gm. or ml.</i>		<b>superscription</b> <b>inscription</b> <b>subscription</b> <b>signa</b>		
*****				
<b>BLOCK 5</b>				
*****				
*****				
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

The superscription, inscription, subscription, and signa are parts of the \_\_\_\_\_ of the prescription.

**Answer:**

The superscription, inscription, subscription, and signa are parts of the body of the prescription.

FRAME 18

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
MEDICAL FACILITY			DATE	
℞			Gm. or ml.	
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
℞ NUMBER		SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

The superscription is simply the R<sub>x</sub> symbol. This symbol represents recipe or take thou, informing pharmacy personnel to dispense the medication listed.

**Question:**

The superscription (R<sub>x</sub> symbol) represents \_\_\_\_\_ or \_\_\_\_\_.

**Answer:**

The superscription (R<sub>x</sub> symbol) represents recipe or take thou.

FRAME 19

The inscription lists the drug (or ingredient) name and strength.

<u>SAMPLE</u>		DD FORM 1 NOV 71 1289	<u>SAMPLE</u>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number. ) ( If under 12 years, give age. )			
MEDICAL FACILITY		DATE	
<i>Rx</i>		<i>Gm. or ml.</i>	
Ethaverine HCl Tabs		100	
MFGR:	EXP DATE:		
LOT NO:	FILLED BY:		
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE		
<u>SAMPLE</u>	EDITION OF 1 JAN 60 MAY BE USED.		<u>SAMPLE</u>

FRAME 20

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00	
<b>Rx</b>		<i>Gm. or ml.</i>	
Aldomet Tablets Disp: 120 Sig: $\dot{\bar{i}}$ p.o. QID		5	
MFGR: MSD	EXP DATE: 7/03		
LOT NO: 1148A	FILLED BY: CWT		
001022 <small>Rx NUMBER</small>	James Dean CPT, MD <small>SIGNATURE, RANK AND DEGREE</small>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

The inscription of prescription 1022 calls for \_\_\_\_\_.

**Answer:**

The inscription of prescription 1022 calls for Aldomet tablets, 0.5 gram.

FRAME 21

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6 196 Jamison Place Ft Sam Houston, TX 221-6510			
MEDICAL FACILITY Dewitt Army Hosp		DATE 3 Apr 00	
<b>R<sub>x</sub></b> Dimetapp Elixir Disp: 4 ounces Sig: $\dot{\bar{r}}$ tsp p.o. QID		Gm. or ml.	
MFGR: A.H. Robins	EXP DATE: 3/04		
LOT NO: 1462	FILLED BY: CWT		
001043 <small>NUMBER</small>	Charles Edwards <b>M.D.</b> <small>SIGNATURE, RANK, AND DEGREE</small>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

The inscription of prescription 1043 calls for \_\_\_\_\_.

**Answer:**

The inscription of prescription 1043 calls for Dimetapp Elixir.

FRAME 22

The subscription contains the instructions to pharmacy personnel. It tells what is to be done with the drug or ingredients, such as "make an emulsion" or "dispense a certain quantity." For any information not included on the prescription, the physician must be contacted.

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
MEDICAL FACILITY		DATE		
<i>Rx</i>		<i>Gm. or ml.</i>		
Disp: #40				
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>

**Question:**

The subscription contains the instructions to

\_\_\_\_\_.

**Answer:**

The subscription contains the instructions to pharmacy personnel

FRAME 23

The last subpart of the body of the prescription is the signa. It contains the directions to the patient. It might tell the patient to "take two tablets daily" or "instill three drops in each ear at bedtime." Very often, these are written in pharmaceutical Latin words or abbreviations which pharmacy personnel must interpret for the patient.

A complete translated signa for a patient must have these five (5) components: action verb, quantity, dosage form, route of administration, and frequency.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
		DOD PRESCRIPTION		
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
℞		Gm. or ml.		
Sig: † p.o. QID				
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
℞ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>

**Question:**

The signa contains directions to the \_\_\_\_\_.

**Answer:**

The signa contains directions to the patient.

FRAME 24

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
<p>SFC John P. Taylor          1363 Soldier Road          Ft Sam Houston, TX          221-6453</p>				
MEDICAL FACILITY Alamo Army Hosp			DATE 6 Mar 00	
<p><b>Rx.</b></p> <p>Aldomet Tablets          Disp: 120          Sig: † p.o. QID</p>			<p>Gm. or ml.</p> <p>S</p>	
MFGR: MSD		EXP DATE: 7/03		
LOT NO: 1148A		FILLED BY: CWT		
001022		James Dean		
Rx NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>		

**Question:**

The signa of prescription 1022 is as follows:

\_\_\_\_\_.

**Answer:**

The signa of prescription 1022 is as follows: 1 QID. (This means "Take 1 tablet by mouth 4 times daily.")



FRAME 26

Block 6 contains the quality control information for the prescription. Block 6 provides a place for the drug's manufacturer, lot number, and expiration date to be recorded. Also, it provides a place for the initials of the person who filled the prescription. AR 40-3 requires that the initials of the person who filled the prescription be written on the form. However, if a drug recall policy is in effect in the pharmacy, the drug's manufacturer, lot number, and expiration date need not be written on the prescription form.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
<b>R</b>		Gm. or ml.		
MFGR:	<b>BLOCK 6</b>		EXP. DATE:	
LOT NO:			FILLED BY:	
<b>R</b> NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

In addition to completely identifying the manufacturer, lot number, and expiration date of the drug dispensed, Block 6 contains the initials of the \_\_\_\_\_ .

**Answer:**

person who filled the prescription.

FRAME 27

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
<p>SFC John P. Taylor          1363 Soldier Road          Ft Sam Houston, TX          221-6453</p>				
MEDICAL FACILITY Alamo Army Hosp			DATE 6 Mar 00	
<p><b>Rx</b>          Aldomet Tablets          Disp: 120          Sig: <math>\dot{\bar{i}}</math> p.o. QID</p>			<p>Gm. or ml.          5</p>	
MFGR: MSD		EXP DATE: 7/03		
LOT NO: 1148A		FILLED BY: CWT		
001022 % NUMBER		James Dean CPT, M.D. SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

Prescription 1022 was for Aldomet, 0.5 gram, which was manufactured by \_\_\_\_\_. It was lot number \_\_\_\_\_, which expires \_\_\_\_\_. The initials of the person who filled it are \_\_\_\_\_.

**Answer:**

Prescription 1022 was for Aldomet, 0.5 gram, which was manufactured by MSD. It was lot number 1148 A, which expires 7/03. The initials of the person who filled it are CWT.

FRAME 28

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6			
196 Jamison Place			
Ft Sam Houston, TX			
221-6510			
MEDICAL FACILITY		DATE	
Dewitt Army Hosp		3 Apr 00	
<b>R<sub>x</sub></b>			
Dimetapp Elixir			
Disp: 4 ounces			
Sig: $\dot{\bar{t}}$ tsp p.o. QID			
MFGR: A.H. Robins		EXP DATE: 3/04	
LOT NO: 1462		FILLED BY: CWT	
001043		Charles Edwards	
NUMBER		SIGNATURE, RANK, AND DEGREE	
SAMPLE		SAMPLE	

EDITION OF 1 JAN 60 MAY BE USED.

**Question:**

Prescription 1043 was for Dimetapp Elixir, which was manufactured by \_\_\_\_\_. It was lot number \_\_\_\_\_, which expires \_\_\_\_\_. The initials of the person who filled it are \_\_\_\_\_.

**Answer:**

Prescription 1043 was for Dimetapp Elixir, which was manufactured by AH Robins. It was lot number 1462, which expires 3/04. The initials of the person who filled it are CWT.

FRAME 29

Prior to filling, prescriptions will be numbered serially. Block 7 contains the prescription number.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
		DOD PRESCRIPTION		
FOR (Full name, address & phone number.)		(If under 12 years, give age.)		
MEDICAL FACILITY		DATE		
R <sub>x</sub>		Cm. or ml.		
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
<b>BLOCK 7</b>		SIGNATURE, RANK AND DEGREE		
R <sub>x</sub> NUMBER				
<b>SAMPLE</b>		<b>SAMPLE</b>		

EDITION OF 1 JAN 60 MAY BE USED.

**Question:**

Prior to filling, prescriptions will be \_\_\_\_\_.

**Answer:**

Prior to filling, prescriptions will be numbered serially.

FRAME 30

The last part of the prescription, Block 8, identifies the prescriber. It contains the signature, in ink, of the person who wrote the prescription. If the prescription is for a controlled substance such as a narcotic, the prescriber's signature, branch of service, social security number, and name (stamped, typed, or hand printed) must appear in this block on the prescription form.

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
		DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
MEDICAL FACILITY		DATE	
$\mathcal{R}$		Gm. or ml.	
MFGR:	EXP DATE:		
LOT NO:	FILLED BY:		
$\mathcal{R}$ NUMBER	<b>BLOCK 8</b>		
	SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**NOTE:** Prescriptions written by nurse clinicians, graduate physician assistants, AMOSISTS, and physical therapists must have the following statement written on the form: "TO BE FILLED ONLY AT (name of local medical treatment facility) PHARMACY."

**Question:**

Block 8 identifies the \_\_\_\_\_ .

**Answer:**

prescriber.

FRAME 31

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00	
℞ Aldomet Tablets Disp: 120 Sig: $\dot{\bar{i}}$ p.o. QID		Gm. or ml. 5	
MFGR: MSD	EXP DATE: 7/03		
LOT NO: 1148A	FILLED BY: CWT		
℞ NUMBER 001022	SIGNATURE RANK AND DEGREE James Dean CPT, MD		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

**Question:**

Prescription 1022 was written by \_\_\_\_\_.

**Answer:**

Prescription 1022 was written by James Dean, CPT, MD.

FRAME 32

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6			
196 Jamison Place			
Ft Sam Houston, TX			
221-6510			
MEDICAL FACILITY		DATE	
Dewitt Army Hosp		3 Apr 00	
<b>R<sub>x</sub></b>		Gm. or ml.	
Dimetapp Elixir			
Disp: 4 ounces			
Sig: $\dot{\bar{t}}$ tsp p.o. QID			
MFGR: A.H. Robins	EXP DATE: 3/04		
LOT NO: 1462	FILLED BY: CWT		
001043	Charles Edwards		
<small>R<sub>x</sub> NUMBER</small>	<small>SIGNATURE, RANK, AND DEGREE</small>		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

**Question:**

Prescription 1043 was written by

\_\_\_\_\_.

**Answer:** Prescription 1043 was written by Charles Edwards, MAJ, MD.

**Section II. COMMON LATIN TERMS AND ABBREVIATIONS**

<u>Term or Abbreviation</u>	<u>Meaning</u>
aa	of each
a	before
a.c.	before meals
ad lib.	freely, at pleasure
Aq. Dest.	purified water
Bis	twice
b.i.d.	two times a day

**Question:**

aa means \_\_\_\_\_

a.c. means \_\_\_\_\_

ad lib. means \_\_\_\_\_

b.i.d. means \_\_\_\_\_

**Answer:**

aa means of each

a.c. means before meals

ad lib. means freely, at pleasure

b.i.d. means two times a day

FRAME 34

<u>Term or Abbreviation</u>	<u>Meaning</u>
c	with
cap	capsule
d.t.d.	give of such doses
disp.	dispense
divid.	divide
et	and
ft.	make, let it be made

**Question:**

cap means \_\_\_\_\_

c means \_\_\_\_\_

d.t.d. means \_\_\_\_\_

et means \_\_\_\_\_

Meaning

Answers:

**Answer:**

cap means capsule

c means with

d.t.d. means give of such doses

et means and

FRAME 35

<u>Term or Abbreviation</u>	<u>Meaning</u>
ft. ung.	make an ointment
filt.	filter
gr.	grain
gtt	drop
h. (hor.)	hour
h.s. (hor. som.)	at bedtime, at the hour of sleep
inj.	injection
inter.	between
lotio	lotion

**Question:**

ft. ung. means \_\_\_\_\_

gr. means \_\_\_\_\_

gtt means \_\_\_\_\_

h.s. (hor. som.) means \_\_\_\_\_

inj. means \_\_\_\_\_

**Answer:**

ft. ung. means make an ointment

gr. means grain

gtt means drop

h.s. (hor. som.) means at bedtime, at the hour of sleep

inj. means injection

FRAME 36

<u>Term or Abbreviation</u>	<u>Meaning</u>
M.	mix
m. dict	as directed
N.R. (non rep.)	do not repeat, no refill
no.	number
O.	a pint

**Question:**

M. means \_\_\_\_\_

m. dict. means \_\_\_\_\_

N.R. (non rep.) means \_\_\_\_\_

no. means \_\_\_\_\_

O. means \_\_\_\_\_

**Answer:**

M. means mix

m. dict. means as directed

N.R. (non rep.) means do not repeat, no refill

number

a pint

FRAME 37

<u>Term or Abbreviation</u>	<u>Meaning</u>
O.D.	right eye
O.S.	left eye
O.U.	both eyes
oz.	ounce
p.c.	after meals
p.o.	by mouth
p.r.n.	if needed, as needed

**Question:**

O.D. means \_\_\_\_\_

O.S. means \_\_\_\_\_

O.U. means \_\_\_\_\_

p.c. means \_\_\_\_\_

p.o. means \_\_\_\_\_

p.r.n. means \_\_\_\_\_

**Answer:**

O.D. means right eye  
 O.S. means left eye  
 O.U. means both eyes  
 p.c. means after meals  
 p.o. means by mouth  
 p.r.n. means if needed, as needed

FRAME 38

<u>Term or Abbreviation</u>	<u>Meaning</u>
q.	every
q.d.	every day, daily
q.o.d.	every other day
q.i.d.	four times a day
q.s.	a sufficient quantity
q.s.ad	a sufficient quantity up to
R <sub>x</sub>	recipe, take thou
— s	without
sig.	write, label

**Question:**

q. means \_\_\_\_\_  
 q.d. means \_\_\_\_\_  
 q.o.d. means \_\_\_\_\_  
 q.i.d. means \_\_\_\_\_  
 q.s. means \_\_\_\_\_  
 q.s.ad means \_\_\_\_\_  
 —  
 s means \_\_\_\_\_

**Answer:**

q. means every  
 q.d. means every day, daily  
 q.o.d. means every other day  
 q.i.d. means four times a day  
 q.s. means a sufficient quantity  
 q.s. ad means a sufficient quantity up to  
 —  
 s means without

FRAME 39

<u>Term or Abbreviation</u>	<u>Meaning</u>
ss	one half
S.V.R.	alcohol (95% ethyl alcohol)
S.V.T.	diluted alcohol
stat	immediately, now
t.	three
t.i.d.	three times a day
ung.	ointment
ut dict. (u.d.)	as directed

**Question:**

ss means \_\_\_\_\_

stat means \_\_\_\_\_

t.i.d. means \_\_\_\_\_

ung. means \_\_\_\_\_

ut dict. (u.d.) means \_\_\_\_\_

**Answer:**

ss means one half  
 stat means immediately, now  
 t.i.d. means three times daily  
 ung. means ointment  
 ut dict. (u.d.) means as directed

FRAME 40 (REVIEW QUESTIONS)

aa \_\_\_\_\_

ad lib \_\_\_\_\_

b.i.d \_\_\_\_\_

c \_\_\_\_\_

et \_\_\_\_\_

gr \_\_\_\_\_

gtt \_\_\_\_\_

h.s \_\_\_\_\_

N.R. (non rep.) \_\_\_\_\_

O.D \_\_\_\_\_

O.S \_\_\_\_\_

O.U \_\_\_\_\_

p.c \_\_\_\_\_

p.o \_\_\_\_\_

p.r.n \_\_\_\_\_

q.s \_\_\_\_\_

q.s.ad \_\_\_\_\_

q.i.d \_\_\_\_\_

q.o.d \_\_\_\_\_

—  
s \_\_\_\_\_

ss \_\_\_\_\_

t.i.d. \_\_\_\_\_

FRAME 41 (Answers to Review Questions)

**Answer:**

of each

freely, at pleasure

two times a day

with

and

grain

drop

at bedtime, at the hour  
of sleep

do not repeat, no refill

right eye

left eye

both eyes

after meals

by mouth

if needed, as needed

a sufficient quantity

a sufficient quantity up  
to

four times a day

every other day

without

one half

three times a day

FRAME 42

Exact translation of Latin terms and abbreviations is mandatory. However, to make directions completely clear to the patient, appropriate action verbs (e.g., take, apply, instill, etc.) must be included. The list of dosage forms and associated action verbs below will assist you in formulating clear, concise instructions to the patient.

Dosage Form	Appropriate Action Verb
tablet	take
tablet (vaginal)	insert
capsule	take
solution (internal)	take
solution (external)	apply
ointment	apply
ointment (vaginal)	insert
cream	apply
cream (vaginal)	insert
lotion	apply
suspension (internal)	take
suspension (external)	apply
suppository	insert
emulsion (internal)	take
emulsion (external)	apply
elixir	take
eye, ear or nose preparations	instill or place

<p>FRAME 43</p> <p><b>Question:</b></p> <p>A signa for a tablet preparation, when properly translated for a patient, should begin _____.</p> <p>A signa for an external suspension, when properly translated for a patient, should begin _____.</p> <p>A signa for a suppository, when properly translated for a patient, should begin _____.</p>	
	<p><b>Answer:</b></p> <p>A signa for a tablet preparation, when properly translated for a patient, should begin <u>take</u>.</p> <p>A signa for an external suspension, when properly translated for a patient, should begin <u>apply</u>.</p> <p>A signa for a suppository, when properly translated for a patient, should begin <u>insert</u>.</p>

FRAME 44

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (if under 12 years, give age.)				
<i>Cassie Smith, Age 6</i>				
<i>Dep / 57C Charles Smith</i>				
<i>654 Funston Place</i>				
<i>San Antonio, TX 255-4306</i>				
MEDICAL FACILITY			DATE	
<i>Alamo Army Hosp</i>			<i>23 April 2000</i>	
<b>R<sub>x</sub></b>		Gm. or ml.		
<i>Aspirin Tablets</i>				
<i>1 1/4 grain</i>				
<i>#36</i>				
<i>Sig: <math>\bar{\text{iv}}</math> tabs p.o. q 4 hr</i>				
MFGR: <i>Bayer</i>	EXP DATE: <i>12/04</i>			
LOT NO: <i>347A</i>	FILLED BY: <i>CWT</i>			
<i>11113</i>	<i>James Howard</i>			
<small>R<sub>x</sub> NUMBER</small>	<small>SIGNATURE RANK AND DEGREE</small>			
<i>11113</i>	<i>17C M.D.</i>			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

Is this prescription for an adult? \_\_\_\_\_

How do you know? \_\_\_\_\_

This signa is best translated to read:  
\_\_\_\_\_

**Answer:**

No.

The prescriber specified the patient's age in the patient identification section.

Take 4 tablets by mouth

FRAME 45

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (if under 12 years, give age.)				
Alex Johnson, Age 9 Dep / SFC Fred Johnson 2150 Austin Highway San Antonio, TX 221-6304				
MEDICAL FACILITY Alamo Army Hosp			DATE 14 March 2000	
<b>R<sub>x</sub></b>				
Donnatal Elixir				
Disp: 8 ounces				
Sig: <i>ss tsp. p.o. q 6h p.r.n.</i>				
Gm. or ml.				
N.R.				
MFGR: A. H. Robins		EXP DATE: 4/03		
LOT NO: 1472		FILLED BY: CWT		
111114		Greg Powers		
R <sub>x</sub> NUMBER		SIGNATURE, RANK AND DEGREE CPT, M.D.		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

This signa is best translated to read:

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take one-half  
teaspoonful by mouth  
every 6 hours as  
needed.

FRAME 46

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
		DOD PRESCRIPTION		
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
SP6 Austin Travis Company B, 3rd BN AHS Ft Sam Houston, TX 221-6104				
MEDICAL FACILITY		DATE		
Alamo Army Hosp		23 Apr 00		
<b>Rx</b>				
Ampicillin Suspension Disp: 200 ml			Gm. or ml.	250mg/ 5ml
Sig: $\dot{\bar{i}}$ tsp p.o. q.i.d.				
MFGR: Pure Pac Pharm		EXP DATE: 5/02		
LOT NO: 30106		FILLED BY: CWT		
111115		Gerry McKeegan		
<small>Rx NUMBER</small>		<small>SIGNATURE, RANK AND DEGREE</small>		
		LTC, M.D.		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

This signa is best translated to read:

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 teaspoonful by mouth 4 times daily.

FRAME 47

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
FOR (Full name, address & phone number.)		DOD PRESCRIPTION (If under 12 years, give age.)	
LTC Howard Robinson 3 Spring Street San Antonio, TX 616-3019			
MEDICAL FACILITY Alamo Army Hosp		DATE 23 Mar 00	
<b>R<sub>x</sub></b>		<i>Gm. or ml.</i>	
Penicillin VK Tabs #40		250	
Sig: $\dot{\bar{\text{T}}}$ p.o. q.i.d. x 10 days			
MFGR: Lilly	EXP DATE: 1/02		
LOT NO: 16Z144	FILLED BY: CWT		
111116 <small>R<sub>x</sub> NUMBER</small>	John Harrod SIGNATURE, <b>MAJ, M.D.</b> DEGREE		
<b>SAMPLE</b>		<b>SAMPLE</b>	

EDITION OF 1 JAN 60 MAY BE USED.

**Question:**

This signa is best translated to read: \_\_\_\_\_  
\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 tablet by mouth  
4 times daily for 10  
days.

FRAME 48

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number. )			( If under 12 years, give age. )	
<p><b>PFC James Martin</b>  <b>1306 Windmill</b>  <b>San Antonio, TX</b>                      <b>655-8789</b></p>				
MEDICAL FACILITY <i>Alamo Army Hosp</i>			DATE <i>13 Apr 00</i>	
<p><b>R<sub>x</sub></b></p> <p><b>Codeine SO<sub>4</sub> tabs</b>  <b>#12 (Twelve)</b></p> <p><b>Sig: † p.o. q 6 h p.r.n. pain</b></p>		<p>Gm. or ml.</p> <p><b>032</b></p>		
MFGR: <i>Chase</i>	EXP DATE: <i>1/02</i>			
LOT NO: <i>H016</i>	FILLED BY: <i>CWT</i>			
<i>11117</i>	<i>Alfred Boggs, MAJ, MD</i>			
R <sub>x</sub> NUMBER	ALFRED BOGGS, 143-46-1011			
	SIGNATURE, RANK AND DEGREE			
<p><b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b></p>				

**Question:**

Codeine SO<sub>4</sub> (codeine sulfate) is a controlled substance. Has the prescriber been identified properly? \_\_\_\_\_

Explain \_\_\_\_\_

This signa is best translated to read: \_\_\_\_\_

**Answer:**

Yes.

In addition to signature and branch of service, the physician's printed name and SSN is on the prescription.

Take 1 tablet by mouth every 6 hours as needed for pain.

FRAME 49

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Maj John Morton 1203 Broadway Ave San Antonio, TX 223-1043			
MEDICAL FACILITY Alamo Army Hosp		DATE 14 Apr 00	
<b>Rx</b> Kwell Shampoo 1 bottle  Sig: ut dict		Gm. or ml.	
MFGR Reed & Carnrick	EXP DATE: 10/00		
LOT NO: 2X3941	FILLED BY: JWT		
111118 <b>Rx</b> NUMBER	Paul Mosby CPT, M.D. SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		<b>SAMPLE</b>	

EDITION OF 1 JAN 60 MAY BE USED.

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read: Use as directed.

FRAME 50

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number.) ( If under 12 years, give age.)			
LTC John Williams 12 Artillery Post Road Ft Sam Houston, TX 216-1101			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00	
$\mathcal{R}$ Thorazine Tablets #12		Gm. or ml. 025	
Sig: $\dot{\dagger}$ p.o. q 6 h			
MFGR: S, K & F		EXP DATE: 5/04	
LOT NO: 1Z1134		FILLED BY: CWT	
111119 $\mathcal{R}$ NUMBER		Thomas Northcott COL, M.D. SIGNATURE, RANK AND DEGREE	
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

The strength of the Thorazine tablets is: \_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

0.025 gram.

Take 1 tablet by mouth every 6 hours.

FRAME 51

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)		DOD PRESCRIPTION (If under 12 years, give age.)		
<i>Howard Davidson, Age 7</i> <i>106 Austin Highway</i> <i>San Antonio, TX 222-2737</i>				
MEDICAL FACILITY		DATE		
<i>Alamo Army Hosp</i>		<i>6 Apr 00</i>		
<b>R<sub>x</sub></b> <span style="float: right;"><small>gm. or ml.</small></span>				
<i>Cleocin Pediatric</i> <i>75mg/5ml</i> <i>Disp: 150 ml</i> <i>Sig: ss tsp p.o. q.i.d. for</i> <i>10 days</i>				
MFGR: <i>Upjohn</i>	EXP DATE: <i>12/00</i>			
LOT NO: <i>121742</i>	FILLED BY: <i>CWT</i>			
<i>111120</i> <small>R<sub>x</sub> NUMBER</small>	<i>David Scott</i> <i>LTC, M.D.</i> <small>SIGNATURE, RANK AND DEGREE</small>			
<b>SAMPLE</b>		<b>SAMPLE</b>		

EDITION OF 1 JAN 60 MAY BE USED.

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take one-half  
teaspoonful by mouth  
4 times daily for ten  
days.

FRAME 52

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289 DOD PRESCRIPTION	<b>SAMPLE</b>																
<small>FOR ( Full name, address &amp; phone number.) (If under 12 years, give age.)</small>																			
<p><b>CPT Ed Mullenax</b>  <b>13 Raven Place</b>  <b>Alamo Heights, TX</b>  <b>822-1200</b></p>																			
MEDICAL FACILITY <b>Alamo Army Hosp</b>			DATE <b>6 April 00</b>																
<table border="1" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;"><b>R<sub>x</sub></b></td> <td style="width: 85%;"></td> <td style="width: 10%; text-align: center;"><small>gm. or ml.</small></td> </tr> <tr> <td></td> <td>Olive Oil</td> <td style="text-align: center;">30</td> </tr> <tr> <td></td> <td>Limewater</td> <td style="text-align: center;">30</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">Ft. Emulsion</td> </tr> <tr> <td></td> <td colspan="2">Sig: Apply q.i.d. p.r.n.</td> </tr> </table>					<b>R<sub>x</sub></b>		<small>gm. or ml.</small>		Olive Oil	30		Limewater	30		Ft. Emulsion			Sig: Apply q.i.d. p.r.n.	
<b>R<sub>x</sub></b>		<small>gm. or ml.</small>																	
	Olive Oil	30																	
	Limewater	30																	
	Ft. Emulsion																		
	Sig: Apply q.i.d. p.r.n.																		
MFGR: <b>AAH</b>		EXP DATE: <b>6 Apr 02</b>																	
LOT NO: <b>121510</b>		FILLED BY: <b>CWT</b>																	
111121 <small>R<sub>x</sub> NUMBER</small>		<b>Paul Kaster</b> <small>SIGNATURE RANK AND DEGREE</small> <b>CPT, M.D.</b>																	
<small>SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE</small>																			

**Question:**

The subscription of this prescription tells you to: \_\_\_\_\_

\_\_\_\_\_

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

The subscription of this prescription tells you to: make an emulsion.

This signa is best translated to read: Apply 4 times daily as needed.

FRAME 53

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
COL Thomas Brady 101 Commander's Row Ft Sam Houston, TX 216-3014			
MEDICAL FACILITY Alamo Army Hosp	DATE 28 Apr 00		
<b>Rx</b>			
		Gm. or ml.	
Lanolin		25	
Oleo vitamin A&D		10	
White Petrolatum		100	
Ft. UNG			
Sig: Apply h.s. p.r.n.			
MFGR Alamo Army Hosp	EXP DATE: 28 Apr 02		
LOT NO: 21664D	FILLED BY: JWT		
111122	David Anderson		
Rx NUMBER	SIGNATURE, RANK AND DEGREE		
	LTC, MD		
<b>SAMPLE</b>		<b>SAMPLE</b>	

SAMPLE EDITION OF 1 JAN 60 MAY BE USED.

**Question:**

The subscription of this prescription tells you to: \_\_\_\_\_

\_\_\_\_\_

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

The subscription of this prescription tells you to: Make an ointment.

This signa is best translated to read: Apply at bedtime as needed.

FRAME 54

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SP4 Alton McCormick Company C, 3rd BN AHS 631-0144			
MEDICAL FACILITY Alamo Army Hosp		DATE 28 Apr 00	
<b>R<sub>x</sub></b> Benadryl Elixir 4 ounces		Gm. or ml. 12.5 mg/ 5 ml	
Sig: † Teaspoonful p.o. q.i.d.			
To Be Filled only at Alamo Army Hospital Pharmacy.			
N.R.			
MFGR: Parke-Davis	EXP DATE: 6/01		
LOT NO: 12A	FILLED BY: CWT		
111123	John Franklin		
<b>R<sub>x</sub></b> NUMBER	WO3, P.A. SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>	

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 teaspoonful by mouth 4 times daily.

FRAME 55

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number.) (If under 12 years, give age.)			
<i>MAJ Alice Newton</i> <i>10805 Navarro Way</i> <i>Castle Hills, TX 654-3091</i>			
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>18 Mar 00</i>	
<b>R<sub>x</sub></b> <i>Tetracycline HCl Caps</i> <i>#40</i>		Gm. or ml. <i>250</i>	
<i>Sig: † cap p.o. q.i.d.</i>			
MFGR: <i>Purepac</i>	EXP DATE: <i>6/03</i>		
LOT NO: <i>1X643</i>	FILLED BY: <i>PWT</i>		
<i>111124</i> R <sub>x</sub> NUMBER	<i>Albert Halverson</i> SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		<b>SAMPLE</b>	

EDITION OF 1 JAN 60 MAY BE USED.

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 capsule by mouth 4 times daily.

FRAME 56

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>
FOR (Full name, address & phone number.) (if under 12 years, give age.)			
MSG Carl Hellmich Co B, 3rd BN AHS  221-6304			
MEDICAL FACILITY Alamo Army Hosp		DATE 10 Apr 00	
<b>R<sub>x</sub></b> Ornade Capsules #20  Sig: † cap p.o. q 12 h		Gm. or ml.	
NR			
MFGR: S.K.&F	EXP DATE: 12/01		
LOT NO: AC304	FILLED BY: CWT		
111125 R <sub>x</sub> NUMBER	Alex Robinson LTC, M.D. SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 capsule by mouth every 12 hours.

FRAME 57

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
<i>PFC Michael Jameson</i>				
<i>Co D, 3 BN</i>				
<i>AHS</i>				
<i>221-6014</i>				
MEDICAL FACILITY		DATE		
<i>Alamo Army Hosp</i>		<i>23 Mar 00</i>		
<b>Rx</b>		Gm. or ml.		
<i>Aspirin Tablets</i>		<i>325</i>		
<i>Disp # 25</i>				
<i>Sig: <math>\ddot{\text{ii}}</math> p.o. q 4h</i>				
<i>"To Be Filled Only at Alamo Army Hospital Pharmacy"</i>				
MFGR:	<i>Upjohn</i>	EXP DATE:	<i>8/04</i>	
LOT NO:	<i>4063A</i>	FILLED BY:	<i>CW7</i>	
<b>Rx</b> NUMBER	<i>111126</i>	SIGNATURE, RANK AND DEGREE		
		<i>Constance Mays</i>		
		<i>MAJ, AMSC, P7</i>		
<b>SAMPLE</b>		<b>SAMPLE</b>		

**Question:**

The strength of the aspirin tablets dispensed is:

\_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

The strength of the aspirin tablets dispensed is 0.325 gram.

This signa is best translated to read: Take 2 tablets by mouth every 4 hours.

FRAME 58

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Dorothy Aldo 1212 Pierce Ft Sam Houston, TX 221-6310			
MEDICAL FACILITY Alamo Army Hosp		DATE 8 Apr 00	
<b>R<sub>x</sub></b> Oxytetracycline HCl Capsules #40 Sig: $\dot{\bar{\text{T}}}$ p.o. q.i.d.		Gm. or ml. 250	
MFGR: Purepac	EXP DATE: 3/01		
LOT NO: 10X10	FILLED BY: JWT		
111127 <small>R<sub>x</sub> NUMBER</small>	Harold Jones, M.D. <small>SIGNATURE, RANK AND DEGREE</small> CPL, MC		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

The oxytetracycline capsules dispensed to this patient were manufactured by \_\_\_\_\_ and expire \_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

manufactured by Purepac expires 3/01.

Signa reads: Take 1 capsule by mouth 4 times daily.

FRAME 59

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SPS Gary Edwards 1105 Wildwood Dr San Antonio, TX			
MEDICAL FACILITY Alamo Army Hosp		DATE 13 Apr 00	
$\mathcal{R}$ Gantrisin Tablets #112		Gm. or ml. 500	
Sig: 4 p.o. initially, then ii p.o. q.i.d. until all are taken.			
MFGR: Roche	EXP DATE: 1/01		
LOT NO: 11A61	FILLED BY: CWT		
111128 <small>Rx</small> NUMBER	Ben Campbell CPT, M.D. SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		<b>SAMPLE</b>	

EDITION OF 1 JAN 60 MAY BE USED.

**Question:**

The initials of the person who filled this prescription are \_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_  
\_\_\_\_\_

**Answer:**

The initials of the person who filled this prescription are CWT.

This signa is best translated to read:  
Take 4 tablets by mouth initially, then take 2 tablets by mouth 4 times daily until all are taken.

FRAME 60

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
<i>SFC P. D. Moran</i> <i>5106 Roundtable</i> <i>Roundrock, TX</i> <i>910-1630</i>				
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>1 Mar 00</i>		
<b>R<sub>x</sub></b>		Gm. or ml.		
<i>Mandelamine Tabs</i> <i>#100</i>		<i>1</i>   <i>00</i>		
<i>Sig: † p.o. t.i.d.</i>				
<b>NR</b>				
MFGR: <i>W. Chilcott</i>		EXP DATE: <i>4/01</i>		
LOT NO: <i>221A</i>		FILLED BY: <i>CW1</i>		
<i>111129</i>		<i>Alton Thompson</i>		
<b>R<sub>x</sub></b> NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>		

**Question:**

The strength of the Mandelamine tablets is \_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

The strength of the Mandelamine tablets is 1.0 gram.

This signa is best translated to read: Take 1 tablet by mouth three times a day.

FRAME 61

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
Janet Browning 10 Poet Place San Antonio, TX				
MEDICAL FACILITY Alamo Army Hosp			DATE 18 Apr 00	
$\mathcal{R}$ Triavil Tablets #120		Gm. or ml. Z-10		
Sig: † Tab p.o. t.i.d.				
N.R.				
MFGR: MSD		EXP DATE: 9/02		
LOT NO: 10X10		FILLED BY: CWT		
111130		Gerald James		
$\mathcal{R}$ NUMBER		SIGNATURE, RANK AND DEGREE CPT, M.D.		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

May this prescription be refilled? \_\_\_\_\_ Why/why not?

This signa is best translated to read: \_\_\_\_\_

**Answer:**

refilled? No.  
The prescriber  
indicated N.R., which  
means do not repeat or  
no refill.

Signa reads:  
Take 1 tablet by mouth  
three times day.

FRAME 62

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
MAJ Ethan Page 15362 Minuteman San Antonio, TX 653-1811			
MEDICAL FACILITY Alamo Army Hosp		DATE 14 Mar 00	
<b>Rx</b> Dilantin Caps #120		Gm. or ml. 100mg	
Sig: † p.o. t.i.d.			
MFGR Parke - Davis	EXP DATE: 1/02		
LOT NO: 4113A	FILLED BY: CWT		
<b>Rx</b> NUMBER 111131	SIGNATURE, RANK AND DEGREE Adam Johnson LTC, MD		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

This prescription was written at:

\_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This prescription was written at Alamo Army Hospital.

This signa is best translated to read: Take 1 capsule by mouth three times daily.

FRAME 63

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)		(If under 12 years, give age.)		
<i>Mrs. E. H. Chase</i>				
<i>1061 Pinn Rd</i>				
<i>San Antonio, TX</i>		<i>655-4101</i>		
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>28 Mar 00</i>		
<i>Rx</i>		Gm. or ml.		
<i>Cordram Cream 1/2 strength</i>				
<i>15 gm</i>				
<i>Sig: Apply b.i.d. to affected area</i>				
MFGR: <i>Dista</i>	EXP DATE: <i>9/01</i>			
LOT NO: <i>X10A3</i>	FILLED BY: <i>CWT</i>			
<i>11132</i>	<i>Daimler Reynolds</i>			
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE <i>M.D., M.D.</i>			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>		

**Question:**

This prescription was issued to:

\_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This prescription was issued to Mrs. E. H. Chase.

This signa is best translated to read: Apply two times a day to the affected area.

**End of Lesson 1**

## LESSON ASSIGNMENT

### LESSON 2

Laws Pertaining to Outpatient Dispensing.

### TEXT ASSIGNMENT

Paragraphs 2-1 through 2-21.

### TASKS

081-91Q-4801, Receive the Prescription.  
081-91Q-4804, Fill the Prescription.  
081-91Q-4806, File the Prescription.  
081-91Q-4843, Issue the Medication.

### OBJECTIVES

- 2-1. Given a group of statements, select the statement that best applies to the Food, Drug, and Cosmetic Act of 1938.
- 2-2. Given a group of statements, select the statement that best applies to the Durham-Humphrey Amendment to the Original Food, Drug, and Cosmetic Act.
- 2-3. Given a group of definitions and one of the following terms: "over-the-counter drug" or "legend drug," select the correct definition of the given term.
- 2-4. Given a group of statements, select the statement that best applies to the Harris-Kefauver Amendments to the 1938 Food, Drug, and Cosmetic Act.
- 2-5. Given a list, select the schedules of controlled substances as stated in the Controlled Substances Act.
- 2-6. Given a particular schedule of controlled substances from the Controlled Substances Act and a group of descriptions, select the best description of that schedule of controlled substances.

- 2-7. Given the name of a controlled substance and a list of the schedules from the Controlled Substances Act, select the schedule to which that substance belongs.
- 2-8. Given a group of statements, select the statement that best applies to the Poison Prevention Packaging Act of 1970.
- 2-9. Given a group of statements, select the purpose of the Poison Prevention Packaging Act of 1970.
- 2-10. Given a group of methods, select the method(s) by which a patient can obtain the traditional easy-to-open packaging for medications.
- 2-11. Given a list of names of medications, select the medication(s) not required to be dispensed in child--resistant packaging by the Poison Prevention Packaging Act of 1970.
- 2-12. Given a group of descriptions, select the best description of a Patient Package Insert (PPI).
- 2-13. Given a group of statements, select the purpose of Patient Package Inserts.
- 2-14. Given a list of drugs/drug classes, select the drug/drug class which will be required to be dispensed with a patient package insert sometime in 1981.
- 2-15. Given a list of types of information, select the information required on a Patient Package Insert.

## **SUGGESTION**

After studying the assignment complete the exercises at the end of this lesson. These exercises will help you to achieve the lesson objectives.

## LESSON 2

### LAWS PERTAINING TO OUTPATIENT DISPENSING

#### Section I. THE FOOD, DRUG, AND COSMETIC ACT OF 1938

##### 2-1. INTRODUCTION

The original Food, Drug, and Cosmetic Act was passed in 1906. Later in 1938, this act was revised to expand its coverage. Although, this act was passed in 1938, some elements of it should be very familiar to you. Furthermore, the act still has great impact upon the practice of pharmacy.

##### 2-2. SECTIONS OF THE FOOD, DRUG, AND COSMETIC ACT OF 1938

a. **Section I.** The first major section of the act pertains to adulterations of drug products. Remember that adulterating a product refers to changing the quality of a product by adding or taking away ingredients.

Hence, this section focuses on the quality of products. A product is considered to be adulterated if any one of the following situations occur:

- (1) A decomposed substance is present in the product.
- (2) The product is listed in an official reference (that is, U.S.P/N.F.) as a specific strength (concentration), but an analysis of the product shows that its strength is not equal to the required strength.
- (3) The item has been packaged in unsanitary conditions.

b. **Section II.** The second section of the act concerns misbranding or errors in labeling. Examples of misbranding are:

- (1) Labels that contain false or misleading information. For example, some products might be labeled as a “cure-all” for every disease-this is illegal.
- (2) Labels that lack required information. For example, a label must contain certain types of information like the manufacturer’s name and address, the name and strength of the drug, and the amount or quality of the drug in the container.
- (3) Labels on habit-forming drugs that are not clearly marked as habit-forming.

c. **Section III.** The third section pertains to new drugs. Before a new drug is marketed, it must be tested, proven safe and approved by the Food and Drug Administration (FDA).

## 2-3. ENFORCEMENT OF THE FOOD, DRUG, AND COSMETIC ACT

The Food and Drug Administration (FDA) is the government agency responsible for enforcing the Food, Drug, and Cosmetic Act. The Food and Drug Administration employees perform a variety of duties to ensure that the foods, drugs, and cosmetics we use are safe and meet prescribed standards. When those standards of purity and safety are violated, FDA officials have the authority to seize products to protect our lives and health. It is not the intent of this subcourse to discuss in detail the FDA or its functions. However, if you have specific interest in the FDA you should examine the FDA Consumer, a journal of the organization. Figures 2-1 through 2-3 contain excerpts from this journal.

<b>Defective Drug Spotted</b>		
<p>The pharmacy at Lynn Hospital in Lynn, Mass., knows a defective drug product when it sees one.</p> <p>Leery about the color variation in a supply of one-pint bottles of Cholelyl Elixir, the pharmacy not only called the manufacturer to complain but also sent a drug defect report to FDA.</p> <p>The defect report is part of the Drug Product Reporting Program, through which pharmacists can report any problems they encounter with faulty drug products. The pharmacists report on special forms and send them to the U.S. Pharmacopeia, which forwards them to FDA.</p> <p>The elixir, manufactured by the Parke-Davis Division of the Warner-Lambert Co., Morris Plains, N.J., is an amber-colored liquid used for the relief of various respiratory ailments.</p>	<p>The pharmacy told the manufacturer it suspected the shipment was unstable because color tone of the liquid in the bottles varied. When the manufacturer agreed to analyze the product, the pharmacy sent the firm two bottles.</p> <p>As it turned out, the manufacturer's analyses confirmed the product was defective. The elixir is most effective at the labeled 90 to 110 percent of the active ingredient. Tests showed, however, that both bottles fell outside the potency range. The pharmacy was informed of the results and commended for spotting the problem.</p> <p>Meanwhile, the drug defect report had been received by FDA headquarters officials, who instructed the Boston District office to collect samples of the product from the pharmacy and send them to the New York Regional Laboratory for analysis. Four samples</p>	<p>were collected and found by the lab to be between 127 to 130 percent potent, well above the maximum 110 percent potency permitted for the drug.</p> <p>Based on the evidence, the Newark District office was assigned to inspect the manufacturer to determine the source of the problem. The district's inspection found the firm had not validated the mixing time for the product, nor was there any indication that the batch of elixir involved had been mixed prior to being filled in one-pint bottles.</p> <p>Following the inspection, the firm agreed to a recall. Twelve thousand pints had been distributed to wholesalers, hospitals, pharmacies and physicians nationwide, including Alaska, Hawaii and Puerto Rico.</p> <p><i>August 1983 / FDA Consumer</i></p>

Figure 2-1. An article about a defective drug product.

<b>Leaking Cola</b>		
<p>Unknown to a beverage company in Columbus, Ohio, its cans of cola drink were doing each other in.</p> <p>An employee operating a soft-drink filling machine at the Shasta Beverage Co. didn't notice that the machine would occasionally malfunction, failing to seat lids properly on cans of cola. The result was a seam defect that allowed the cans to leak and the contents to drip onto other cans packed in</p>	<p>the same cases with them. This caused a rusty pitting of the good cans, and some of them in turn became leakers.</p> <p>An FDA inspection of an Akron food warehouse and consumer complaints about leaking, sticky cans brought the problem to Shasta's attention.</p> <p>In the warehouse, FDA inspectors from the Cincinnati District office found cases of cola with yeast and mold growing on some of the cans.</p>	<p>The leakage was traced to the faulty machine and the occasional lid that did not get properly seated. The machine was repaired, and Shasta set up stricter quality control rules.</p> <p>The firm recalled 6,700 cases of the cola drink (160,800 cans) from distributors in Akron and Columbus. Most of the cases were salvageable and were returned to stock, but 528 cases were too badly damaged to be saved. These 12,000 cans were destroyed by the company.</p> <p><i>August 1983 / FDA Consumer</i></p>

Figure 2-2. An article about the defective packaging of a cola drink.

# Fraudulent Flab Remover

by Roger W. Miller

Not only was Ponce de Leon right but so was Robert Hutchins, or so some advertisers of electrical muscle stimulators would have us believe.

As anyone who ever attended the fourth grade in a U.S. school knows, Ponce de Leon was the Spanish explorer who was sure that there was a fountain of youth down among the alligators in Florida.

Robert Hutchins, as academia trivia fans may know, was the former head of the University of Chicago who once said: "When I feel the urge to exercise, I lie down."

Ponce de Leon's vindication comes in the form of ads in such publications

as the *National Enquirer* for a device known as a Rejuvatron. The Rejuvatron, an electrical muscle stimulator, offers the purchaser a chance to look "up to 15 years younger." According to the advertisement, all an aging person has to do to recapture that youthful appearance is to use the Rejuvatron five or ten minutes a day. Purchase of the Rejuvatron is possible by sending \$19.95 plus postage and handling to a firm at 21 Brewster St. in Glen Cove, N.Y.

Robert Hutchins' wisdom is borne out by sending a like amount to the same address for a Figure-Tron that provides "all the figure-toning of

3,000 sit-ups without moving an inch." The Figure-Tron is hailed in an ad in *The Star*, a weekly newspaper, as working through "micro-electric impulses."

Both devices are variations of electrical muscle stimulators (EMS). The claims for both are without any known scientific basis. The products are representative of the latest in vanity type quackery.

But more than quackery and deception are involved. The devices may also be dangerous if misused.

Like many quack gimmicks, the...

*FDA Consumer* - May 1983

Figure 2-3. An excerpt from an article on the use of a medical device.

## Section II. THE DURHAM-HUMPHREY AMENDMENT

### 2-4. INTRODUCTION

The Durham-Humphrey Amendment to the Food, Drug, and Cosmetic Act was passed in 1952. The purpose of this amendment was to divide drugs into two basic categories: legend drugs and over-the-counter drugs.

### 2-5. CATEGORIES OF DRUGS UNDER THE DURHAM-HUMPHREY AMENDMENT

a. **Legend Drugs.** Legend drugs can only be legally obtained by prescription. Legend drugs are those drugs that are not considered safe for use without direct medical supervision (that is, prescribed by a physician). It is against the law to give legend drugs to persons who do not have a valid prescription. Legend drugs must have the following statement printed on their label:

**CAUTION:** Federal law prohibits dispensing without a prescription."

b. **Over-The-Counter Drugs.** Over-the-counter drugs can be legally obtained without a prescription. Generally, over-the-counter (OTC) drugs are considered safe for use without direct medical supervision. You should remember some important facts about OTC drugs. One, OTC medications are drugs-care should be taken when the drugs are being used. Two, patients should read and follow the label directions for both legend and over-the-counter drugs. Three, patients should inform their health-care providers (that is, physicians and physicians' assistants) of the OTC and legend drugs they are taking.

## **Section III. THE HARRIS-KEFAUVER AMENDMENTS**

### **2-6. INTRODUCTION**

The Harris-Kefauver Amendments were added to the Food, Drug, and Cosmetic Act in 1962. Although the provisions of this amendment are probably not as well known by many people as the Durham-Humphrey Amendment, the Harris-Kefauver Amendment is still important in the area of pharmacy.

### **2-7. PROVISIONS OF THE HARRIS-KEFAUVER AMENDMENTS**

The most important provisions of the Harris-Kefauver Amendments as applied to pharmacy practice are:

- a. A drug item must be proven safe and effective before it can be sold.
- b. Drug manufacturers must register on an annual (yearly) basis with the Food and Drug Administration (FDA). In addition, these manufacturers must be inspected once every two years.
- c. The generic name of the item must be written on the item's label and the generic name must be used in the advertising for the item.

**NOTE:** The Harris-Kefauver Amendments also have provisions that govern the reporting of adverse drug reactions and the testing of investigational drugs. In the Army, adverse drug reactions are reported following the guidelines of AR 40-2.

An investigational drug is a new drug that has not yet been approved by the Commissioner of Food and Drugs, Department of Health and Welfare, (FDA) for general use by the public as a safe and effective drug. No investigational drug will be used without the prior written approval of the Surgeon General. See AR 40-7 Use of Investigational Drugs in Humans) for specific information about investigational drugs.

## Section IV. THE CONTROLLED SUBSTANCES ACT

### 2-8. HISTORY OF CONTROL OF NARCOTIC SUBSTANCES

a. In today's medical environment you constantly hear of controlled substances. As you know, controlled substances are legend drugs that have special rules and regulations governing and controlling their use. This has not always been the case: At one time, these substances were easy to obtain.

b. Even in the late 1800's, opiates (a derivative of opium) could be purchased - without a prescription--in general stores and pharmacies. Opiates could also be ordered by mail. Furthermore, various patent medicines (for example, "Grandma's Tonic") containing opiates could be purchased without a prescription.

c. The Harrison Narcotic Act was passed in 1914 to better control these types of medications. This act established specific guidelines for the buying, selling, dispensing, and storing of certain drugs. Drugs covered in this act were divided into four classes depending upon their abuse potential. These classes were designated as "A", "B", "M", and "X". Class "A" narcotics were considered to be the most dangerous. Interestingly, this act classified cocaine as a narcotic--although cocaine is not a narcotic substance. As you might suppose, the passage of this act did not stop the abuse of these substances.

d. Many drugs with high potential for abuse were placed on the market after the Harrison Narcotic Act of 1914. Soon it became obvious that these drugs needed tighter control because of their likelihood of abuse. The Drug Abuse Control Amendment (DACA) was approved in 1965 as an amendment to the Food, Drug, and Cosmetic Act. The primary purpose of the DACA was to identify and regulate the prescription of drugs that had a high abuse potential (for example, amphetamines and barbiturates).

### 2-9. PURPOSE OF THE CONTROLLED SUBSTANCES ACT

Prior to 1970, many laws existed that pertained to the control of drugs. Eventually it became necessary to combine and simplify these laws. Such a simplification became one of the purposes of the Controlled Substances Act of 1970. In addition, the act transferred enforcement of all laws regulating controlled substances from the Internal Revenue Service (IRS) and the Food and Drug Administration (FDA) to a new agency, the Drug Enforcement Administration (DEA) which is now a part of the Federal Bureau of Investigation (FBI). The Controlled Substances Act was Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970. The Controlled Substances Act also divided abusable drugs into five schedules.

## 2-10. THE FIVE SCHEDULES OF THE CONTROLLED SUBSTANCES ACT

The drugs specifically covered in the Controlled Substances Act are classified into five schedules according to their abuse potential.

a. **Schedule I Substances.** Drugs in this schedule have no accepted medical use in the United States. Some examples of drugs in this schedule are heroin, marijuana, LSD, peyote, and mescaline psilocybin.

b. **Schedule II Substances.** Drugs in this schedule have a high abuse potential with severe psychic or physical dependence liability. This schedule includes both narcotic and non-narcotic substances. Some examples of Schedule II substances are cocaine hydrochloride, dextroamphetamine, meperidine hydrochloride, morphine, pentobarbital, secobarbital methylphenidate, and oxycodone hydrochloride. See Table 3-1 (Page 3-11) for other drugs in this schedule.

NOTE: In the Army, ethyl alcohol and alcoholic liquors (including wine and beer) - although they are not included in any schedule of the Controlled Substances Act - will be received, accounted for, and dispensed in the same manner as Schedule II substances. Lesson 3, Section II, of this subcourse contains specific information on this matter.

c. **Schedule III Substances.** Drugs in this schedule have an abuse potential less than those in Schedules I and II. Examples of Schedule III substances are thiopental sodium, and paregoric. See Table 3-1 for other drugs in this schedule.

d. **Schedule IV Substances.** Drugs in this category have an abuse potential less than the drugs listed in Schedule III. Some examples of drugs in this schedule are chlordiazepoxide, propoxyphene napsalate, flurazepam, diazepam, meprobamate, and clonazepam. See Table 3-1 for other drugs in this schedule.

e. **Schedule V Substances.** Drugs in this schedule have an abuse potential less than the drugs listed in Schedule IV. Some examples of drugs in this schedule are diphenoxylate tablets and elixir of terpin hydrate with codeine (Table 3-1).

## 2-11. IMPORTANCE OF THE CONTROLLED SUBSTANCES ACT TO ARMY PHARMACY PRACTICE

Drugs have been used, misused, and abused for many years. In Army pharmacy practice, laws and regulations pertaining to the dispensing of controlled substances have been established by military and Federal authorities. Strict adherence to these laws and regulations protects you and the patients you serve. Failure to follow these laws and regulations can result in severe penalties.

## Section V. THE POISON PREVENTION PACKAGING ACT OF 1970

### 2-12. INTRODUCTION

Some patients complain about the “child-resistant” prescription containers they receive in the pharmacy. These people say that the containers are too difficult to open. How did this “child-resistant” packaging come about? What was the impact of this Act on the outpatient pharmacy? This section will explore these questions.

### 2-13. THE POISON PREVENTION PACKAGING ACT OF 1970

The purpose of the Poison Prevention Packaging Act of 1970 is to reduce poisonings among small children. The Act provides that certain household products (such as aspirins and certain other drugs, including oral prescription drugs; furniture polish; oil of wintergreen; antifreeze; some cleaners for drains and ovens; turpentine; and cigarette lighter fluid) which are found to be hazardous or potentially hazardous must be sold in safety packaging. This safety packaging must be designed so that most children under five years of age cannot open the packages.

### 2-14. THE REQUIREMENTS OF THE POISON PREVENTION PACKAGING ACT OF 1970

a. The Act requires the previously mentioned products to be packaged in containers which are sufficiently difficult to open that they cannot be opened by 80 percent of children under five years of age. However, the containers must allow access to at least 90 percent of adults who will be able to open and properly close the packaging conveniently.

b. The Act requires that the prescription filled in the pharmacy--*with the exceptions noted in paragraph 2-15 below*--be dispensed in child-resistant containers. The requirements below are especially important:

(1) Prescriptions that are not to be refilled. For a prescription that is not to be refilled, the medication must be dispensed in either a glass or a plastic container with a child-resistant top.

(2) Prescriptions that are to be refilled. For a prescription that is to be refilled, the medication must be dispensed in either a glass or a plastic container with a child-resistant top. If the medication is dispensed in a glass container, a new child-resistant top must be placed on the container whenever the prescription is refilled. If the medication is dispensed in a plastic container, upon refilling, the medication must be placed in a new plastic container with a new child-resistant top. This means that a new label must be prepared for the refill when the medication is placed in a plastic container.

c. The law does not require that the packaging be so difficult to open that all children are prevented from gaining access to the contents. If this were true, very few adults could open the packaging. Therefore, the packaging seen in the pharmacy is a compromise--it must be too difficult for most children to open and it must be easy enough for most adults to open.

## **2-15. EXCEPTIONS TO THE ACT**

Some patients (for example, those with arthritis) may find child-resistant packaging too difficult to open. Furthermore, some patients (for example, those with certain types of heart conditions) may wish to obtain their medications in a hurry when they need them. For these types of patients, alternatives to child-resistant packaging are available.

a. **Nitroglycerin Must NOT be Dispensed in Child-Resistant Packaging.** This drug is for patients who have certain types of heart conditions. These patients must obtain their nitroglycerin quickly in the event they need it.

b. **Alternative Packaging.** For over-the-counter medications, the manufacturer can market one size of a product in conventional packaging, if the same product is also available in child-resistant packaging. However, the conventional packaging must have a label that clearly states:

(1) This package for households without young children or if the package is small:

(2) Package not child-resistant

c. **Patient or Physician Request.** The prescribing physician or patient may request that prescription medicines be put into ordinary packaging without safety features. Although some pharmacists may ask for a written statement from a patient before providing a conventional closure, this is not a requirement of the Federal law.

## **2-16. CONSIDERATIONS FOR THE OUTPATIENT PHARMACY**

Child-resistant packaging has been around for quite some time. If you have received a prescription item or if you have purchased some of the items that require this type of packaging, you are already familiar with the advantages and disadvantages of child-resistant packaging. In your position in the pharmacy, you may encounter comments about the packaging. Some considerations about the Act are pertinent for you.

a. You should be very familiar with your pharmacy's policies regarding child-resistant packaging. For example, if a patient requests conventional packaging for a prescription item, does your pharmacy's policy require the patient to sign or initial such a request? You should carefully read and study your local Standing Operating Procedures (SOP) to ensure you do what is required.

b. Some patients may request conventional packaging. Suppose a retired individual asks you for conventional packaging and it is stated that he does not have small children. Does this person have grandchildren who frequently come to the home? Remember that many poisonings occur when a small child visits grandparents and goes through the medicine cabinet or grandmother's purse.

## **Section VI. THE PATIENT PACKAGE INSERT**

**IMPORTANT NOTE:** This section will present the topic of the Patient Package Insert (PPI). Although some products (see Paragraph 2-20) are required to be dispensed with PPIs, other medications (see Table 2-1) were scheduled to begin being dispensed with PPIs in 1981. However, changes were made in the laws. Some consumer interest groups still favor the use of PPIs in order to make the patient more knowledgeable about the drugs he is taking. At some time, in the future you may well see the requirements for PPIs being expanded. Until that time, you should read package inserts, professional publications, and texts to become more knowledgeable about the medications the medications you dispense. In this manner, you can answer patient questions about the drugs they are taking or refer them to someone who can better answer any question(s) they might have.

### **2-17. THE PATIENT PACKAGE INSERT**

The PPI is a document that contains specific information, written in a non-technical way, about a drug, its indications, and some of the cautions and warnings associated with its use. In an outpatient setting, the patient is supposed to be provided with a PPI when a new prescription for a drug that requires a PPI is dispensed. If the patient desires additional information or clarification concerning the wise use of the drug, the pharmacy personnel are a ready source of such information. At present, only 10 drugs or drug classes are required to be dispensed with PPIs. The PPIs are to be supplied to the pharmacy by the drug manufacturers or distributors.

## **2-18. THE HISTORY OF PATIENT PACKAGE INSERTS**

Patient package inserts are not totally new to the outpatient pharmacy. Since the 1960s, various products have been required by the Food and Drug Administration (FDA) to be dispensed with information statements. These information statements were designed to provide useful information about various drugs/medical products to the patient. Examples of drugs that still require special patient information are isoproterenol inhalation products and estrogenic drug products (See paragraph 2-20a for a complete listing).

## **2-19. THE PURPOSE OF PATIENT PACKAGE INSERTS**

The purpose of the PPI is to provide patients with useful information about the prescription drugs they are taking in the hope that this will help the patients wisely use the drugs. Wise patient use of medications has long been a concern of the FDA. Various studies have shown that many patients do not receive any information about the drugs that they are taking. Furthermore, those patients who receive verbal information frequently forget that information as soon as they leave the pharmacy. It is hoped that printed material, written in a non-technical way, can provide patients with information that they can read, understand, and remember in order for them to wisely use their prescription drugs.

## **2-20. DRUGS/DRUG CLASSES WHICH REQUIRE PATIENT INFORMATION**

a. Seven drug classes are currently required to be dispensed with special patient information. The current requirements for these drugs will not change; they must still be dispensed with the patient information. The seven-drugs/drug-classes that currently require patient information are:

- (1) Oral contraceptives.
- (2) Estrogens.
- (3) Medroxyprogesterone acetate injectable drug products.
- (4) Isoproterenol inhalation drug products.
- (5) Oral postcoital contraceptives.
- (6) Intrauterine devices regulated as contraceptives.
- (7) Progestational drug products.

b. During 1981, the Food and Drug Administration (FDA) will require a patient package insert to be dispensed with 10 additional drugs/drug classes. PPI distribution will be required beginning in May 1981. Table 2-1 shows these 10 additional drugs/drug classes and the month during 1981 when the distribution of their PPIs will be required.

Drug or Class	Scheduled Guideline Publication Date	PPI Distribution Required
Cimetidine	November 1980	May 1981
Clofibrate	November 1980	May 1981
Propoxyphene	November 1980	May 1981
Anipicillins	December 1980	June 1981
Phenytoin	December 1980	June 1981
Benzodiazepines	January 1981	July 1981
Digoxin	January 1981	July 1981
Methoxsalen	January 1981	July 1981
Thiazides	January 1981	July 1981
Benedectin	January 1981	July 1981

Table 2-1. Drugs or drug classes which will require PPIs during 1981.

## 2-21. INFORMATION REQUIRED ON PATIENT PACKAGE INSERTS

The following information is required on PPIs:

- a. The Generic Name of the Drug or Drug Class.
- b. Approved Indications of the Drug or Drug Class.
- c. Contraindications of the Drug or Drug Class.
- d. Adverse Reactions, Potential Hazards, and Clinically Significant Side Effects.
- e. Cautions Associated with the Use of the Drug or Drug Class, which this area includes activities or substances that should be avoided when taking the drug.
- f. Information Pertinent to Expectant/Breast-Feeding Mothers in this section focuses on established risks to the fetus, risks to the expectant mother, and the transfer of the drug from the mother to the infant in breast milk.

- g. Information on the Cancer-Causing Properties and the Effects on the Reproductive System of the Drug or Drug Class.
- h. Tolerance and Dependency Risks Associated with the Drug or Drug Class.
- i. The Name and Address of the Manufacturer, Distributor, or Dispenser of the Drug or Drug Class.
- j. The Date of the Last Revision of the PPI.

**Continue with Exercises**

## EXERCISES, LESSON 2

**INSTRUCTIONS:** The following exercises are to be answered by marking the lettered response that best answers the question; or by completing the incomplete statement; or by writing the answer in the space provided at the end of the question.

After you have completed all the exercises, turn to Part II, "Solutions to Exercises," at the end of the lesson, and check your answers with the Academy solutions.

1. From the statements below, select the statement that best applies to the Food, Drug, and Cosmetic Act of 1938.
  - a. An act that categorizes drugs into three major categories.
  - b. An act that establishes procedures for the adulteration of drugs.
  - c. An act that places certain drugs in a controlled status.
  - d. An act that pertains to the adulteration of drug products, the misbranding of drugs, and the marketing of new drugs.
  
2. Select the statement that best applies to the Durham-Humphrey Amendment to the Food, Drug, and Cosmetic Act.
  - a. The Durham-Humphrey Amendment divided drugs into five controlled schedules.
  - b. The Durham-Humphrey Amendment divided drugs into two basic categories.
  - c. The Durham-Humphrey Amendment divided legend drugs into two categories.
  - d. The Durham-Humphrey Amendment made it virtually impossible for a person to illegally obtain controlled drugs.

3. Select the statement that best applies to the Harris-Kefauver Amendment to the 1938 Food, Drug, and Cosmetic Act.
  - a. This amendment requires that a drug be proven safe and effective before it can be sold.
  - b. This amendment requires drug manufacturers to register every five years with the FDA.
  - c. This amendment requires that the trade name of a drug appear on its container label.
  - d. This amendment divided controlled drugs into five categories.
  
4. Select the schedules of controlled substances as defined in the controlled substances act.
  - a. Note Q and Note R.
  - b. Codes 3 and 4.
  - c. Schedules I, II, III IV, and V.
  - d. Narcotics and non-narcotics.
  
5. Select the schedule of controlled drugs to which diazepam tablets (2 mg) is classified.
  - a. Schedule II.
  - b. Schedule III.
  - c. Schedule IV.
  - d. Schedule V.

6. Select the schedule of controlled drugs to which secobarbital sodium capsules are categorized.
  - a. Schedule I.
  - b. Schedule II.
  - c. Schedule III.
  - d. Schedule IV.
  
7. Select the statement that best applies to the Poison Prevention Packaging Act of 1970.
  - a. This act requires that all poisons be packaged in child-resistant packaging and sold in pharmacies.
  - b. This act requires that child-resistant packaging cannot be opened by children under 10 years of age.
  - c. This act requires that a patient sign the back of the prescription when child-resistant packaging is not desired.
  - d. This act requires that most medications be dispensed to patients in child-resistant containers unless the patient requests otherwise.
  
8. From the group of descriptions below, select the best description of a PPI.
  - a. A document that contains specific information, written in a non-technical way, about a drug, its indications, and some of the cautions and warnings associated with its use.
  - b. A document that provides specific information about the procedures that should be followed if the patient takes an overdose of the medication.
  - c. A document that provides pricing information on drug products.
  - d. A document that ensures that the patient will wisely take the drug.

9. From the list of drugs/drug classes below, select the drug/drug class that must be dispensed with a Patient Package Insert (PPI) sometime in 1981.
- a. Morphine.
  - b. Meperidine.
  - c. Phenytoin.
  - d. Ethanol.
10. From the list of types of information below, select the information required on a PPI.
- a. The trade name of the drug.
  - b. Approved indications of the drug or drug class.
  - c. The cost of the drug.
  - d. A conversion table from the metric to other systems of measure.

**Check Your Answers on Next Page**

## **SOLUTIONS TO EXERCISES, LESSON 2**

1. d (para 2-2 a, b, c)
2. b para 2-4)
3. a (para 2-7a))
4. c (para 2-10))
5. c (Table 3-1)
6. b Schedule II. (Table 3-1) (Obj 2-7)
7. d (para 2-14 and 2-15)
8. a (para 2-17)
9. c (Table 2-1)
10. b (para 2-21b)

**End of Lesson 2**

## LESSON ASSIGNMENT

### LESSON 3

Army Regulations and Policies  
Pertaining to Outpatient Dispensing.

### TEXT ASSIGNMENT

Paragraphs 3-1 through 3-25.

### TASKS

081-91Q-4801, Receive the Prescription.  
081-91Q-4804, Fill the Prescription.  
081-91Q-4805, Label the Prescription.  
081-91Q-4807, Refill the Prescription.  
081-91Q-4842, Evaluate the Completed Prescription.

### OBJECTIVES

- 3-1. Given several form numbers, select the form used as the one-item prescription form at all Army medical treatment facilities (MTF).
- 3-2. Given several form numbers, select the form used as the approved multiple item prescription form at all Army MTF.
- 3-3. Given a list of information, select the information that must be included on a properly prepared DD Form 1289 or AF Form 781 as specified in AR 40-2, AR 40-48, or professional practice.
- 3-4. Given several prepared DD Forms 1289, select the form that contains the information as required in either AR 40-2, AR 40-48, or professional practice in order to be filled in an Army MTF.
- 3-5. Given a group of descriptions and one of the following terms: Note Q or Note R, select the best description of the given term.

- 3-6. Given the name of a particular controlled substance, select the category (either Note Q or Note R) to which that substance belongs.
- 3-7. Given several form numbers, select the form used to record receipts and expenditures of all controlled substances.
- 3-8. Given a properly prepared DD Form 1289 for a controlled substance and several DA Forms 3862, select the DA Form 3862 that contains the information required by AR 40-2.
- 3-9. Given a list of types of medical personnel, select the personnel authorized to prescribe medication as specified in either AR 40-2 or AR 40-48.
- 3-10. Given a particular type of medication prescriber and a group of restrictions pertinent to prescription writing, select the restriction(s) that pertain to a particular type of prescriber as specified in either AR 40-2 or AR 40-48.
- 3-11. Given several statements, select the statement that must appear on prescriptions written by nurse clinicians, graduate physician assistants, physical therapists, AMOSISTS, or optometrists.
- 3-12. Given several statements, select the statement that best pertains to the refilling of prescriptions as specified in either AR 40-2 or AR 40-48.
- 3-13. Given a group of statements and a particular category of controlled substances, select the statement that pertains to the refilling of substances in that particular category as specified in AR 40-2.

- 3-14. Given a list of types of information, select the information required by AR 40-2 on the outpatient prescription label.
- 3-15. Given several prepared outpatient drug labels, select the label that contains the information required on AR 40-2.
- 3-16. Given a description of a situation the name of a drug and the drug class to which it belongs, and a group of supplementary labels, select the supplementary label that should be placed on the medication container when it is dispensed as suggested by the Quadripartite Standardization Agreement (QSTAR) 471.
- 3-17. Given several statements, select the statement that best describes the numbering and filing requirements for prescriptions as stated in AR 40-2.
- 3-18. Given a group of statements, select the statement that best describes the recommended system for filing prescriptions as discussed in AR 40-2.
- 3-19. Given the name of a particular medication, a list of controlled substances and the categories (that is, schedule and note) to which they belong, and a list of filing categories, select the category in which a prescription for that medication should be filed as stated in AR 40-2.
- 3-20. Given a prepared DD Form 1289 and a group of statements, select the statement that best describes why that prescription should/should not be filled/refilled.
- 3-21. Given a description of a situation involving patient relations and a group of statements, select the statement that describes the best action to take in that situation.

# LESSON 3

## ARMY REGULATIONS AND POLICIES PERTAINING TO OUTPATIENT DISPENSING

### Section I. AUTHORIZED PRESCRIPTION FORMS

#### 3-1. THE DOD PRESCRIPTION FORM (DD Form 1289)

a. **Use.** DD Form 1289 is to be used when only one item is prescribed for a patient. It is the approved one item prescription form at all Army medical treatment facilities (MTFs).

b. **General Comments.** A rubber stamp or addressograph plate may be used on DD Form 1289 for commonly prescribed items. The prescription form must be stamped, typed, or written in ink. Furthermore, it must be signed in ink by an authorized prescriber. It is recommended that prescriptions originating in Army MTF be written using the metric system. The vertical line (see figure 3-1) is considered to be a decimal point for this purpose.

**SAMPLE** DD FORM 1289 **SAMPLE**  
DOD PRESCRIPTION

FOR (Full name, address & phone number.) (If under 12 years, give age.)

MEDICAL FACILITY DATE

*Rx* Gm. or ml.

MFGR: EXP DATE:  
LOT NO: FILLED BY:

*Rx* NUMBER SIGNATURE, RANK AND DEGREE

**SAMPLE** EDITION OF 1 JAN 63 MAY BE USED. **SAMPLE**

Figure 3-1. DA Form 1289.

c. **Information Required on the Prescription Form for a Non-Controlled Medication.** The following information is required (by AR 40-2, AR 40-48, or professional practice) on the prescription form for a non-controlled medication in order for it to be filled by the pharmacy service of an Army medical treatment facility: (See figure 3-2.)

DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	
FOR (Full name, address & phone number, if under 18 years, give age.)	
SP4 Barbara H. White 129 Zebra Lane S.A. TX	
MEDICAL FACILITY	DATE
Alamo Army Hosp	12 Oct 84
R	Gr. or ml.
Tetracycline #40	250
Sig: $\dot{\bar{i}}$ cap every 6 hr for full ten days	
No RF To Be Filled Only AT Alamo Hospital Pharmacy	
MFGN:	EXP DATE:
LOT NO:	FILLED BY:
	John Thompson, M.D. PA U.S.A.
R NUMBER	SIGNATURE, RANK AND DEGREE
EDITION OF 1 JAN 83 MAY BE USED.	

Figure 3-2. Prescription for a noncontrolled medication.

- (1) The full name of the patient.
- (2) The address or telephone number of the patient.
- (3) The date the prescription was written.
- (4) The name of the medication (usually the generic name is provided).
- (5) The strength of the medication.

- (6) The amount of medication to be dispensed.
- (7) The directions to the patient.
- (8) The refill instructions.
- (9) The statement "TO BE FILLED ONLY AT (name of local medical treatment facility) PHARMACY"--if the prescription was written by a nurse clinician, graduate physician assistant, physical therapist, or AMOSIST.
- (10) The signature of the prescriber--signed in ink on the day the prescription was written.
- (11) The rank and the degree of the prescriber.

**d. Information Required on the Prescription Form for a Controlled Substance.** The following information is required on the prescription form for a controlled substance in order for it to be filled by the pharmacy service of an Army medical treatment facility. (See figure 3-3.)

DD FORM 1289 DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.)	
COL Roger Bennett 310 Commanders Rd Ft Sam Houston, TX	
MEDICAL FACILITY	DATE
Alamo Army Hosp	11 Nov 84
Rx	Qty. or ml.
Lomotil	
Twenty tablets.	
Sig: Take 2 tabs immediately. then take one tab four times a day.	
TO BE FILLED ONLY AT ALAMO HOSPITAL PHARMACY	
LOT NO:	EXP DATE:
	FILLED BY: James Wilson, West PA JAMES WILSON, USA 18-56-3279
R NUMBER	SIGNATURE, RANK AND DEGREE

EDITION OF 1 JAN 80 MAY BE USED.

Figure 3-3. Prescription for a controlled substance.

- (1) The full name of the patient.
- (2) The address of the patient for active duty patients only.
- (3) The date the prescription was written.
- (4) The name of the medication.
- (5) The strength of the medication.
- (6) The refill instructions.
- (7) The statement "TO BE FILLED ONLY AT (name of local medical treatment facility) PHARMACY"--if the prescription were written by a nurse clinician or graduate physician assistant. (NOTE: The other types of physician extenders are not authorized to prescribe controlled medications.)
- (8) The signature of the prescriber--signed in ink on the day the prescription was written.
- (9) The rank and degree of the prescriber.
- (10) The branch of service of the prescriber.
- (11) The social security/service number of the prescriber.
- (12) The name of prescriber stamped, typed or hand printed on the prescription form.

### **3-2. MULTIPLE ITEM PRESCRIPTION FORM**

a. Commanders of Medical TX Facilities may authorize the use of locally developed multiple prescription form on an interim basis until either an OD or DA form is published. However, multiple prescription blanks provided by or preprinted by a commercial company will not be used in Army MTFs.

b. The multiple item prescription form (AF Form 781) can be used to prescribe more than one non-controlled medication. A prescriber should not use this form to write for controlled medications because of the filing problems that the pharmacy would face (See paragraph 3-17, page 3-25 of this subcourse) with the prescription. The information required on the form (for both controlled and non-controlled medications) is the same as the information required on DD Form 1289. A completed multiple item prescription form (AF Form 781) is shown in figure 3-4.

AF FORM 781 (REVISED) JUL 76		MULTIPLE ITEM PRESCRIPTION		(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974, USE BLANKET PAS-DD FORM 2005.)		
R#	(Cross out unused blanks below)	STRENGTH	AMOUNT	DIRECTIONS	R# NUMBER	REFILL
1.	Aspirin Tabs	5gr	250	11 Tabs as needed for pain. Alternate with acetaminophen		NR
2.	Acetaminophen Tabs	324mg	250	11 Tabs as needed for pain. Alternate with ASA.		NR
3.	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
4.	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
NAME OF PATIENT Amy Andrews (Dep/MAJ)				SIGNATURE OF PRESCRIBER James T. Andrews		
ADDRESS				PRESCRIBER IDENTIFICATION (Name, SSAN or BNDD, Grade, Degree, Service and Facility) James T. Andrews, M.D. - 112-61-2108		
TELEPHONE 633-4060	AGE	DATE 3 March 84		MAJ, MC		
REMARKS (Use reverse, if necessary)				c48-10-53991-1 090		

Figure 3-4. The multiple item prescription form (AF Form 781).

## Section II. SUPPLY CLASSIFICATION OF CONTROLLED SUBSTANCES

### 3-3. INTRODUCTION

Earlier in this subcourse the Federal laws pertaining to dispensing controlled substances were discussed. In particular, the five schedules of the Controlled Substances Act were presented in detail. It was emphasized that both military and civilian pharmacies must follow these laws in dispensing controlled substances.

### 3-4. SUPPLY CLASSIFICATION OF CONTROLLED SUBSTANCES

Most of the medications in an Army pharmacy are ordered from the Federal Supply Catalog. This catalog specifies the storage and handling requirements that are specific to certain drugs. One storage requirement common to all controlled substances is that they must be secured. Hence, all controlled substances are placed into one of two categories--Note Q or Note R control led substances.

**NOTE:** Sometimes controlled substances are reclassified. That is, a Note Q controlled substance might be reclassified as a Note R controlled substance. Hence, you should frequently check the classifications of controlled substances to ensure your knowledge is current.

a. **Note Q Substances.** Note Q controlled substances are those items classified as Schedule III, IV, or V in the Controlled Substances Act. Table 3-1 provides some examples of substances that are classified as Note Q items. It is important for you to be familiar with the items that are classified as Note Q because later you will learn that some types of medical personnel are authorized to write for specific Note Q items. Figure 3-5 is an item from the Federal Supply Catalog. Note that this item is a Note Q substance.

PROPOXYPHENE NAPSYLATE AND ACETAMINOPHEN TABLETS				
Each tablet contains:				
Acetaminophen.....650 mg				
Propoxyphene napsylate.....100 mg				
Action	Index No.	National Stock No.	Descriptive Data	Notes
—	9195	6505-00-111-8364	30s	P,Q
—	9200	6505-00-111-8359	500s	P,Q
—	9205	6505-00-111-8373	Individually Sealed, 100s	P,Q

Figure 3-5. Note Q substance in Federal Supply Catalog.

b. **Note R Substances.** Note R controlled substances are alcohol, alcoholic beverages, precious metals, or a drug classified as a Schedule II substance of the Controlled Substances Act. Table 3-1 provides some examples of substances that are classified as Note R items. Figure 3-6 is an item from the Federal Supply Catalog. Note that this item is a Note R substance.

**MEPERIDINE HYDROCHLORIDE TABLETS, USP**  
 Index No. 6420—In reverse-numbered rolled strip in tamperproof dispenser.

Action	Index No.	National Stock No.	Descriptive Data	Notes
—	6415	6505-00-126-9375	50 mg. 100s	P,R
—	6420	6505-00-851-6589	50 mg. Individually Sealed, 25s	P,R

Figure 3-6. Note R Substance in Federal Supply Catalog.

### 3-5. ACCOUNTABILITY PROCEDURES FOR NOTE Q AND NOTE R SUBSTANCES

a. **Introduction.** Both Note Q and Note R substances must be rigidly controlled. Prescriptions for these substances should be filled after the authority for the prescriber to write for these medications has been verified. Further, records must be maintained to show to whom, when, the quantity of the medication, and by whom the medication was prescribed. Periodic inspections and inventories by disinterested personnel help to ensure that the control substances are secured and dispensed following laws and regulations.

b. **Use of the Controlled Substances Stock Record (DA Form 3862).** A DA Form 3862 (figure 3-7) is maintained in the pharmacy to permanently record receipts and expenditures of all controlled substances. A separate record must be maintained on DA Form 3862 for each dosage form of a controlled substance maintained in the pharmacy.

(1) Schedule II controlled substances, ethyl alcohol, and alcoholic liquors. When an item is received, the date, the quantity received, and the voucher number will be entered in the appropriate columns. Similarly, when stock is withdrawn, the date expended, the prescription number or order number, and the amount expended will be entered on the form. At the time the entry is made on the card--whether it be a receipt or an expenditure--the amount involved will be added to or subtracted from, as appropriate, the amount shown in the "Balance on Hand" column. The new figure will always reflect the actual amount on hand.

(2) Schedule III, IV, and V controlled substances. When an item is received, the date, the quantity received, and the voucher number will be entered in the appropriate columns. Expenditures for each item will be summarized weekly and posted to the DA Form 3862.



ALCOHOL AND ALCOHOLIC BEVERAGES		
NSN 6505-	Name	Catalog Note
00-104-9000	Alcohol, USP	R
00-105-0000	Alcohol, Dehydrated, Analyzed Reagent	R
ITEMS UNDER THE CONTROLLED SUBSTANCES ACT		
Schedule II (symbol is C II)		
00-000-0110	Cocaine Hydrochloride, USP	R
00-056-8056	Codeine Sulfate Tablets, USP	R
00-106-8715	Dextroamphetamine Sulfate Tablets, USP	R
00-118-2132	Codeine Sulfate Tablets, USP	R
00-126-9360	Meperidine Hydrochloride Injection, USP	R
00-126-9375	Meperidine Hydrochloride Tablets, USP	R
00-129-5517	Morphine Injection	R
00-129-5518	Morphine Injection	R
00-133-0790	Pentobarbital Sodium Tablets	R
00-133-5489	Pentobarbital Sodium Injection, USP	R
00-140-3050	Secobarbital Sodium Capsules, USP	R
00-140-3100	Secobarbital Sodium Capsules, USP	R
00-149-0111	Morphine Sulfate Injection, USP	R
00-149-0112	Morphine Sulfate Injection, USP	R
00-149-0113	Morphine Sulfate Injection, USP	R
00-198-5673	Hydromorphone Hydrochloride Injection, USP	R
00-269-5837	Methylphenidate Hydrochloride Tablets, USP	R
00-481-1820	Secobarbital Sodium Capsules, USP	R
00-481-1822	Pentobarbital Sodium Capsules, USP	R
00-616-8979	Codeine Phosphate, USP	R
00-851-6589	Meperidine Hydrochloride Tablets, USP	R
00-855-6979	Meperidine Hydrochloride Injection, USP	R
00-855-6982	Meperidine Hydrochloride Injection, USP	R
00-855-6984	Meperidine Hydrochloride Injection, USP	R
00-926-9194	Fentanyl Citrate and Droperidol Injection	R
01-010-4168	Fentanyl Citrate and Droperidol Injection	R
01-010-4169	Fentanyl Citrate and Droperidol Injection	R
01-010-4170	Fentanyl Citrate Injection, USP	R
01-030-9492	Oxycodone Hydrochloride, Aspirin, and Oxycodone Terephthalate Tablets	R
01-030-9493	Oxycodone Hydrochloride, Aspirin, and Oxycodone Terephthalate Tablets	R
01-053-8621	Oxycodone Hydrochloride, Acetaminophen, and Oxycodone Terephthalate Capsules	R
01-053-8622	Oxycodone Hydrochloride, Acetaminophen, and Oxycodone Terephthalate Capsules	R
01-071-8405	Oxycodone Hydrochloride and Acetaminophen Tablets	R
01-073-1316	Fentanyl Citrate Injection, USP	R
01-082-5508	Oxycodone Hydrochloride and Acetaminophen Tablets	R
Schedule II (symbol is C III)		
00-117-8620	Butalbital, Aspirin, Caffeine, and Phenacetin Tablets	Q
00-117-9171	Thiopental Sodium for Injection, USP	Q
00-117-9204	Thiopental Sodium for Injection, USP	Q
00-118-1096	Thiamylal Sodium for Injection, USP	Q
00-118-2129	Butalbital, Aspirin, Caffeine, and Phenacetin Tablets	Q
00-118-2347	Codeine Phosphate and Aspirin Tablets	Q
00-132-3030	Paregoric, USP	Q
00-147-8347	Codeine Phosphate and Acetaminophen Tablets	Q
00-149-0116	Codeine Phosphate and Aspirin Tablets	Q
00-764-3548	Methylprylon Capsules, USP	Q
00-826-4375	Butalbital, Aspirin, Caffeine, and Phenacetin Tablets	Q
01-003-5343	Thiopental Anesthesia Kit	Q
01-041-2623	Codeine Phosphate and Acetaminophen Capsules	Q
01-086-2993	Codeine Phosphate and Acetaminophen Tablets	Q

Table 3-1. Note Q and Note R controlled substances (cont).

Schedule IV (symbol is C IV)

00-059-8017	Chlordiazepoxide Hydrochloride Capsules, USP	Q
00-059-9018	Chlordiazepoxide Hydrochloride Capsules, USP	Q
00-059-9019	Chlordiazepoxide Hydrochloride Capsules, USP	Q
00-082-2684	Diethylpropion Hydrochloride Tablets, Modified	Q
00-083-5750	Propoxyphene Napsylate Tablets, USP	Q
00-083-5762	Propoxyphene Napsylate and Aspirin Tablets, USP	Q
00-111-8359	Propoxyphene Napsylate and Acetaminophen Tablets, USP	Q
00-111-8364	Propoxyphene Napsylate and Acetaminophen Tablets, USP	Q
00-111-8373	Propoxyphene Napsylate and Acetaminophen Tablets, USP	Q
00-111-8383	Propoxyphene Napsylate Tablets, USP	Q
00-117-5526	Chlordiazepoxide Hydrochloride Capsules, USP	Q
00-117-5530	Chlordiazepoxide Hydrochloride Capsules, USP	Q
00-117-5547	Chlordiazepoxide Hydrochloride Capsules, USP	Q
00-117-5679	Diazepam Tablets, USP	Q
00-117-5928	Flurazepam Hydrochloride Capsules, USP	Q
00-117-8749	Flurazepam Hydrochloride Capsules, USP	Q
00-118-1207	Propoxyphene Hydrochloride Capsules, USP	Q
00-132-0318	Diazepam Tablets, USP	Q
00-132-0332	Diazepam Tablets, USP	Q
00-133-5437	Chlordiazepoxide Hydrochloride Capsules, USP	Q
00-133-5443	Diazepam Tablets, USP	Q
00-137-5891	Diazepam Injection, USP	Q
00-175-6057	Flurazepam Hydrochloride Capsules, USP	Q
00-180-6030	Pentazocine Hydrochloride Tablets, USP	Q
00-212-6109	Propoxyphene Napsylate and Aspirin Tablets, USP	Q
00-375-8955	Diazepam Injection, USP	Q
00-400-7294	Flurazepam Hydrochloride Capsules, USP	Q
00-550-8464	Meprobamate Tablets, USP	Q
00-619-8867	Phenobarbital Tablets, USP	Q
00-619-8868	Phenobarbital Tablets, USP	Q
00-660-0107	Ethchlorvynol Capsules, USP	Q
00-689-5513	Pentazocine Lactate Injection, USP	Q
00-783-7218	Diazepam Tablets, USP	Q
00-812-2556	Phenobarbital Sodium Injection, USP	Q
00-900-0900	Diazepam Tablets, USP	Q
00-926-8843	Chlordiazepoxide Hydrochloride, Sterile, USP	Q
00-926-8929	Chloral Betaine Tablets, NF	Q
00-933-8964	Phenobarbital Tablets, USP	Q
00-933-8965	Phenobarbital Tablets, USP	Q
00-949-1405	Paraldehyde, USP	Q
00-958-2364	Propoxyphene Hydrochloride Capsules, USP	Q
00-961-7455	Oxazepam Capsules, USP	Q
00-964-2057	Meprobamate Tablets, USP	Q
01-008-5995	Pentazocine Hydrochloride Tablets, USP	Q
01-024-2626	Pentazocine Lactate Injection, USP	Q
01-049-6735	Clonazepam Tablets, USP	Q
01-055-5070	Clonazepam Tablets, USP	Q
01-055-5071	Clonazepam Tablets, USP	Q
01-055-5248	Phenobarbital Tablets, USP	Q
01-055-5249	Phenobarbital Tablets, USP	Q
01-057-5846	Lorazepam Tablets	Q
01-094-6143	Femoline Tablets	Q
01-098-5801	Chlordiazepoxide Hydrochloride Capsules, USP	Q
01-098-5802	Diazepam Tablets, USP	Q
01-098-5803	Diazepam Tablets, USP	Q
01-099-4064	Chlordiazepoxide Hydrochloride Capsules, USP	Q
01-099-4065	Flurazepam Hydrochloride Capsules, USP	Q

Schedule V (symbol is C V)

00-074-4702	Diphenoxylate Hydrochloride and Atropine Sulfate Tablets, USP	Q
00-118-1914	Diphenoxylate Hydrochloride and Atropine Sulfate Tablets, USP	Q
00-687-4484	Terpin Hydrate and Codeine Elixir, USP	Q
00-958-6587	Diphenoxylate Hydrochloride and Atropine Sulfate Solution, USP	Q
01-033-9429	Phenylpropanolamine Hydrochloride, Codeine Phosphate, and Guaiacenesin Syrup	Q
01-066-8568	Loperamide Hydrochloride Capsules	Q

Table 3-1. Note Q and Note R controlled substances (concluded).

## Section III. PERSONNEL AUTHORIZED TO PRESCRIBE MEDICATIONS

### 3-6. INTRODUCTION

At one time only physicians could prescribe medications. Now, a wide variety of health-care providers are authorized to prescribe medications in an Army pharmacy. In order to be competent in knowing who can prescribe for what, you must know two things. One, you must know that health-care providers are authorized to prescribe medications. Two, you must know which medications the health-care providers are authorized to prescribe.

### 3-7. SOURCES OF AUTHORITY FOR PRESCRIBING MEDICATIONS

In order to maintain the most up-to-date knowledge in this important area you must constantly read regulations and other sources (for example, minutes from the Therapeutic Agents Board). Immediately following is a discussion of some of the references you should read and study.

a. **AR 40-2 (Army Medical Treatment Facilities General Administration-Chapter 7, Pharmacy Management)**. As the name implies, the chapter on pharmacy management in this regulation specifically states the personnel who can prescribe medications to be dispensed in an Army pharmacy. Furthermore, the regulation states which particular medications can be prescribed by a specific authorized prescriber. This regulation is periodically updated. Therefore, ensure that you have the most current regulation to use as a reference.

b. **AR 40-48 (Health Care Extenders)**. AR 40-48 establishes policies concerning the duties, roles, and capabilities of health care extenders. This regulation defines a health care extender as any individual other than a physician or dentist whose assigned duties include aspects of the practice of medicine/dentistry, and is performing such duties under the direction and clinical supervision of a physician or dentist. Included in this definition are physical therapists that have been designated to evaluate, diagnose, and treat patients that have musculoskeletal complaints and occupational therapists who have been designated to evaluate, diagnose, and treat patients that have neuromuscular and musculoskeletal disorders of the hand. The regulation provides a description of these health-care extenders:

(1) Nurse clinicians. Nurse clinicians are selected members of the Army Nurse Corps who have received advanced education in certain clinical specialties to enable them to evaluate, diagnose, and treat, including health maintenance, health education, under the direction and supervision of a physician, and who have been awarded the Additional Skill Identifier for practicing in the extended role.

(2) Physician assistants. Physician assistants (PA) are skilled persons who are qualified by academic and practical training to provide evaluation, diagnosis, treatment, and other patient services under the supervision and direction of a physician.

(3) Dental therapy assistants. A dental therapy assistant (DTA) is an expanded duty dental auxiliary who performs a variety of reversible clinical procedures under the direct supervision of a dentist and as a member of an Oral Health Care Delivery team (OHCDT). This dental treatment extender is qualified for the performance of assigned expanded duties by the completion of a specific course of instruction developed and monitored by the Academy of Health Sciences, U.S. Army. The DTA is often referred to as an Expanded Duty Dental Auxiliary (EDDA) or an Expanded Duty Dental Assistant (EDDA) in the civilian community.

(4) Physical therapists. Designated physical therapists may perform the primary evaluation of patients seeking care for musculoskeletal complaints, primarily nontraumatic spasms, pain, and minor strains under the supervision and direction of a physician. The MEDDAC commander will delineate, in writing, the scope and limits of clinical practice to include the designation of the supervising physician.

(5) Occupational therapists. Designated occupational therapists may perform the primary evaluation, diagnosis, and treatment of patients with neuromuscular and/or musculoskeletal disorders of the hand under the supervision and direction of a physician.

(6) AMOSISTS. The acronym AMOSIST was derived from the Automated Military Outpatient System (AMOS) Project. An AMOSIST is a specially trained nonprofessional person who works under the direct supervision of a physician to evaluate, diagnose, and treat patients who have acute minor illnesses. The limits of function for the nonprofessional person are specifically delineated in logic flow charts that are physician prepared.

### **3-8. PRESCRIPTION WRITING FOR HEALTH CARE PROVIDERS**

As you know, not all health care providers are authorized to prescribe all medications to all people. It is important for you to know which health care providers are authorized to prescribe medications. Furthermore, you must know the medications these health care providers are authorized to prescribe. This paragraph will discuss the limitations on prescribing as established by AR 40-2 and AR 40-48. Of course, local limitations on prescribing may be made. Therefore, you should ask your pharmacy officer for any pertinent information he might have in this area. The following personnel are authorized to prescribe medications in an Army MTF as noted:

a. **Medical Corps Officers of the Uniformed Services.** These physicians are authorized to prescribe any drug to any patient with one exception: They are not authorized to prescribe Schedule II controlled substances for themselves or members of their families.

b. **Dental Corps Officers of the Uniformed Services.** These dentists are authorized to prescribe medications; however, they are not authorized to prescribe Schedule II controlled substances for themselves or members of their families.

c. **Veterinary Corps Officers of the Uniformed Services.** Prescriptions written by military veterinarians are only authorized to be filled when the prescriptions are written for government-owned animals.

d. **Uniformed Podiatrists who are Engaged in Professional Practice.** These persons are not authorized to prescribe Schedule II controlled substances for themselves or members of their families.

e. **Civilian Physicians, Osteopaths, Dentists, Podiatrists, and Veterinarians on duty at Army Medical Treatment Facilities.** Civilian professionals are sometimes employed in Army MTFs. From this group of professionals, two restrictions are placed upon prescription writing. First, if the professional and his/her family are authorized medical care privileges, the professional is not authorized to prescribe Schedule II controlled substances for himself or members of his family. Second, civilian veterinarians' prescriptions are only authorized to be filled when the prescriptions are written for government-owned animals.

NOTE: The following personnel are authorized to write prescriptions only for selected medications which have been recommended by the Therapeutic Agents Board, reviewed by the Credentials committee (AR 40-66) and by the physician charged with the direction of the clinical activities concerned, and approved by the MTF commander.

NOTE Prescriptions written by the following personnel must have the following statement written on the prescription form: "TO BE FILLED ONLY" AT (name of local MTF) PHARMACY."

f. **Uniformed Optometrists and Civilian Optometrists Who are Engaged in Professional Practice While on Duty at Uniformed Services Military Treatment Facilities.** These optometrists will not be authorized to prescribe controlled substances.

**g. Nurse Practitioners and Clinical Nurse Specialists with Additional Skill Identifiers and Nurse Midwives.** Army Nurse Corps officer nurse practitioners and clinical nurse specialists with additional skill identifiers and nurse midwives who have been authorized by the commander may write prescriptions for selected medications that have been recommended by the Therapeutic Agents Board, reviewed by the Credentials Committee (AR 40-6-0), and approved by the commander. Controlled substances authorized for prescribing by nurse practitioners and clinical nurse specialists are butalbital, aspirin, caffeine and phenacetin (Fiorinal®) tablets (NSN 6505-00-962-4375) (Note Q), and diphenoxylate hydrochloride and atropine (Lomotil®) tablets (NSN 6505-00-074-4702) (Note Q). Psychiatric drugs including anti-anxiety drugs (such as benzodiazepine-like drugs), neuroleptics (such as phenothiazines) and anti-depressant drugs (such as MAO Inhibiting and Non-MAO Inhibiting drugs) may not be prescribed by non-physicians without an exception to policy approved by the Office of the Surgeon General. You should read and study current regulations and the policies of your local pharmacy to ensure your knowledge concerning the prescribing authorization of this group of health-care extenders is up to date.

**h. Graduate Physician Assistants.** Graduate physician assistants authorized by the commander may write prescriptions for selected medications which have been recommended by the Therapeutic Agents Board, reviewed by the Credentials Committee (AR 40-66), and approved by the commander. Controlled substances (Note Q and Note R) will not be prescribed by graduate physician assistants except that diphenoxylate and atropine (Lomotil®) tablets may be prescribed only for active duty personnel with a maximum limit of twenty tablets. These prescriptions will be refillable. You should read and study current regulations and the policies of your local pharmacy to ensure your knowledge concerning the prescribing authorization for physician assistants is up to date.

**NOTE:** Graduate physicians assistants may, when authorized by the commander, dispense those drugs which they are authorized to prescribe when the graduate physician assistants are functioning in a troop medical clinic (TMC) setting.

**i. Automated Military Outpatient System.** Enlisted medical corpsmen (AMOSISTS) are authorized by the commander to write prescriptions for selected medications which are delineated in logic flow charts developed and prepared by the supervising physician of an AMOSIST program. The medications selected will be reviewed by the Therapeutic Agents Board and the Credentials Committee and approved by the commander. Automated Military Outpatient System personnel are authorized to write prescriptions only when functioning within the limits of the AMOSIST program. Automated Military Outpatient System personnel are not authorized to deviate from the list of medications selected by the supervising physicians and outlined in the logic flow charts. Controlled substances (Note Q and Note R) will not be included as medications in the logic flow charts.

j. **Physical Therapists.** Physical therapists who have been credentialed and who are authorized by the commander may write prescriptions for aspirin; aspirin, phenacetin and caffeine (APC); and acetaminophen. Physical therapists are not authorized to prescribe Note Q and Note R controlled substances.

k. **Community Health Nurses.** Community health nurses who are functioning under a protocol acceptable to the Chief, Pulmonary Disease or Chief, Internal Medicine and the Credentials Committee may write refill prescriptions for isoniazid and pyridoxine. Community health nurses may be authorized to write prescriptions for Gamma Benzene Hexachloride shampoo while working under the direct supervision of the Chief, Pediatrics.

**NOTE:** Prescriptions written by licensed civilian physicians, osteopaths, dentists, or podiatrists for personnel eligible for military medical care will be honored at Army MTF subject to the availability of pharmaceuticals and personnel. Filling a prescription written by a civilian practitioner does not imply knowledge of or responsibility for a patient's medical condition. Under no circumstances will civilian prescriptions be countersigned by military practitioners. Local policy pertaining to filling such prescriptions will be established and announced by the commander. The local policy will address-- but not be limited to--such matters as professional responsibility and requirement to determine authenticity and accuracy of the prescription, methods of proving eligibility for prescription services, and any limitations or other rules regarding refills and amounts to be dispensed. The policy for filling civilian prescriptions and prescriptions should coincide except that in those MTFs located in any state where product selection by the pharmacist is not authorized, the generic equivalent will not be substituted (generic substitution) for a brand name drug on a civilian prescription without prior approval of the prescriber.

## **Section IV. REFILLING OF PRESCRIPTIONS**

### **3-9. INTRODUCTION**

Many patients have conditions for which they take the same medication for a long period of time. In these circumstances, the prescriber may wish to allow the patient to receive refills on a prescription for a particular medication without having to see the prescriber for a new prescription for the same drug. You probably know already that many prescriptions are refilled during the work day at any Army pharmacy.

### **3-10. REFILLING OF PRESCRIPTIONS FOR CONTROLLED SUBSTANCES**

a. Refills for Schedule II controlled substances are prohibited; for example, ethyl alcohol and alcoholic liquors. These items are designated as Note R in the Federal Supply Catalog.

b. Schedule III through Schedule V Controlled Substances or other Potentially Harmful Drugs.

(1) Prescriptions for Schedule III through Schedule V controlled substances and any other drug designated by the commander will not be refilled unless such refilling is authorized by the prescriber in the original prescription.

(2) Prescriptions for these drugs will not be refilled more than five times and will not be refilled more than 6 months after the date of issue of the original prescription.

(3) When a prescription for any controlled substance in Schedules III through V is refilled, the pharmacist must enter his initials, the date of the refilling, and the amount of the drug refilled on the back of the original prescription form or on another appropriate uniformly maintained record that indicates prescription refills.

(4) When a patient requests an authorized refill of a controlled substance (Schedule III, IV, or V) within an unusually short period after the original prescription was filled/refilled, you should ask for the assistance of either your supervisor or the Chief of the Pharmacy Service to determine whether or not the prescription should be refilled.

### **3-11. REFILLING OF NON-CONTROLLED SUBSTANCES**

Prescriptions for all other drugs and medications may be refilled to the extent authorized by the commander. When refilled, the pharmacist must enter his initials, the date of the refilling, and the amount of the drug refilled on the back of the original prescription or the same information to include the prescription number, which may be recorded on another appropriate uniformly maintained record that indicates prescription refills.

## **Section V. LABELING OF OUTPATIENT PRESCRIPTIONS**

### **3-12. INTRODUCTION**

a. Properly labeled medications are a necessity because the patient must rely on the information contained on the label to store and take the medication as the prescriber wished. Furthermore, a label that is neat in appearance reflects a positive image of the pharmacy.

b. A label must be prepared for each prescription dispensed to an individual. In addition, the label must be securely affixed to the container before that container is dispensed to the individual.

### 3-13. INFORMATION REQUIRED ON THE PRESCRIPTION LABEL

A properly prepared prescription label is shown in figure 3-8. The prepared label must show - at a minimum according to AR 40-2 - the following information:

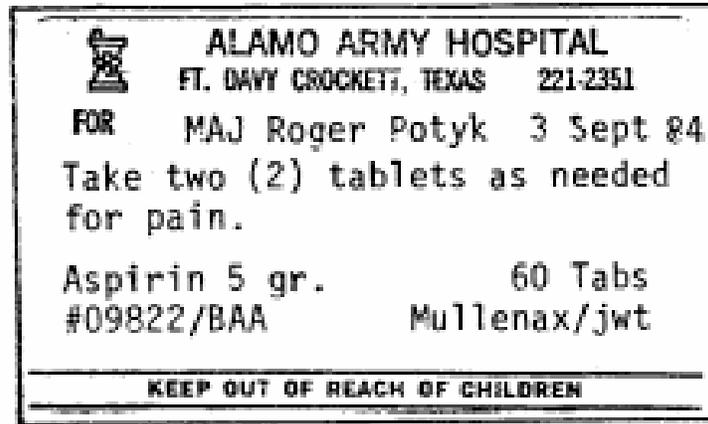


Figure 3-8. A properly prepared prescription label.

- a. **The Identity of the Facility.** The telephone number of the pharmacy must be included.
- b. **The Prescription Number.** The patient uses this to identify the medication upon refills.
- c. **The Name of the Prescriber.** Upon request of refill, this information becomes very necessary for the patient and the pharmacy.
- d. **The Directions to the Patient.** It is absolutely necessary that patients have the proper instructions of how to take the medicine prescribed.
- e. **The Name and the Strength of the drug.** This information may be deleted from the label if the prescriber so requests.
- f. **The Name of the Patient.** The patient's first and last name must be spelled out.
- g. **The Initials of the Person That Typed the Prescription Label.**
- h. **The Legend** "KEEP OUT OF THE REACH OF CHILDREN."
- i. **The Legend** "CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED" must be placed on all labels for controlled substances.

j. **The Uniform Chart of Account Code described in DOD Manual 6010.10M.**

The Uniform Chart of Account UCA Code is designed to provide information for expense and performance accounting. Codes for inpatient care, ambulatory care, dental care, and other areas are provided in the manual. Each major treatment area within the hospital has a summary account that consists of two capital letters (like BD for pediatric care), and each specific clinic within that area has a subaccount code (like BDA for Pediatric Clinic and BDB for Adolescent Clinic). The UCA Code for the clinic in which the prescription was written should appear on the prescription.

k. **Supplemental Labels.** AR 40-2 requires that any necessary supplemental labels be attached to the label warning individuals of potentially dangerous drug interactions with alcohol, other drugs, certain foods and certain side effects in accordance with the sound professional judgment exercised in the practice of pharmacy.

**IMPORTANT NOTE:** Items a through k (above) specify the label requirements as detailed in AR 40-2. Observe that the quantity of medication dispensed (for example, number of tablets, capsules, or milliliters) to the patient is not included in this list. Standards of professional practice would require that the quantity of medication dispensed to the patient be stated on the prescription label for two major reasons:

(1) Such information makes it easier to refill the prescription: That is, reading the amount dispensed as reflected by the prescription label helps you to quickly determine the quantity of medication which must be given to the patient when a refill is requested (and authorized).

(2) Such information helps other medical personnel in emergency situations. For example, knowing the quantity of medication originally dispensed to a parent could assist emergency room personnel in approximating the amount of drug accidentally ingested by a small child.

### 3-14. AUXILIARY LABELS

a. When the contents of a prescription are for external use only, in the case of liquid preparations, or require further preparation for use (shaking, dilution, adjustment of temperature, or other manipulation or process), appropriate directions must be included on the label. In many cases, this requirement is met by the use of auxiliary labels (figure 3-9). These auxiliary labels are affixed to the container.

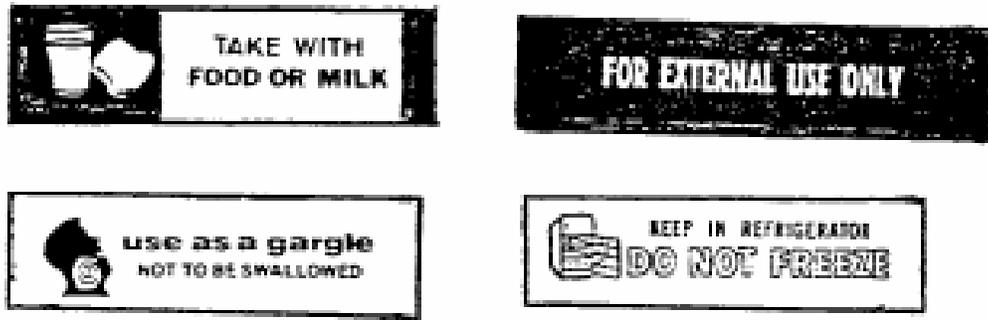


Figure 3-9. Examples of auxiliary labels.

b. In the event liquid preparations for external use are poisonous, a “poison” label must be affixed to the prescription container. When the medicines prescribed for internal use are of a poisonous nature, the pharmacist must use sound judgment as to whether or not the “poison” label must be attached to the prescription container considering in each case the potency of the finished preparation.

c. The armies of the United States, United Kingdom, Australia, and the Canadian Forces have agreed to use supplementary labels for dispensed medicines within a wartime theater of operations in which members of two or more participating armies are deployed. Table 3-2 shows these supplementary labels.

**QUADRIPARTITE STANDARDIZATION AGREEMENT  
(QSTAR) 471**

B-1. The Armies of the United States, United Kingdom, Australia, and the Canadian Forces have agreed to use supplementary labels for dispensed medicines within a wartime theater of operations in which members of two or more participating armies are deployed. The subscribing armies further agree to consult and in every possible case reach mutual agreement before introducing changes that affect the use of supplementary labels. The criteria to determine whether a supplementary label is necessary for a dispensed medicine is to prevent or allay drug reactions and to ensure that medication is taken in the most effective manner, when there is some specified requirement concerning dosage regimen.

B-2. Some examples of possible areas of drug reactions and suggested wording of supplementary labels are as follows:

**Drug Group--Areas of Reaction Labels**

<p>1. (a) Sedatives, tranquilizers, antidepressants (b) Antihistamines (c) Narcotic analgesics</p>	<p>1. "This medication may cause drowsiness. If affected, do not drive a vehicle or operate machinery. AVOID ALCOHOL."</p>
<p>2. (a) Hypnotics and sedatives when they are ordered as a night-time dose (b) Oral Hypoglycemic drugs (c) Monoamine Oxidase inhibitors (d) Disulfiram</p>	<p>2. "Avoid taking alcohol with this medication unless advised by prescriber."</p>
<p>3. To apply to oral antibiotics with the exception of doxycycline, minocycline, - clindamycin and Amoxicillin</p>	<p>3. "This medication to be taken one hour before food and three hours after the evening meal."</p>

Table 3-2. Supplementary labels (from AR 40-2, 3 March 1978). (continued)

4.	Tetracyclines - The word "milk" to be deleted when prescribing Doxycycline, Minocycline, Amoxicilin	4.	"Do not take this medication with milk, antacids or preparations containing iron."
5.	Monoamine Oxidase Inhibitors	5.	"Certain foods and drugs should not be taken with this medication."
<hr/> <p>As well as above labeling, the patient will be advised of foods that are to avoided.</p>			
6.	Insulin, Ampicillin suspensions, and so forth.	6.	"REFRIGERATE" DO NOT FREEZE
7.	For items with short shelf life	7.	DISCARD CONTENTS AFTER _____ / ____ / _____
8.	Drugs that cause serious phototoxic reactions when patients receiving these drugs are exposed to sunlight-photosensitive reactions	8.	"Avoid exposure to direct sunlight during the course of medication with this preparation."
<hr/> <p><b>NOTE:</b> In addition labels normally affixed to medicinal preparations (for example, SHAKE WELL BEFORE USING, FOR EXTERNAL USE ONLY, POISON, and so forth) will be used, where appropriate.</p>			

Table 3-2. Supplementary labels (from AR 40-2, 3 March 1978) (concluded).

## Section VI. ADMINISTRATIVE REQUIREMENTS PERTAINING TO THE OUTPATIENT PHARMACY

### 3-15. INTRODUCTION

Many Army pharmacies dispense over 1,500 outpatient prescriptions in one working day. It makes sense that records must be maintained to protect both the patient and the pharmacy. This section will focus on this important aspect of outpatient dispensing.

### 3-16. THE SIGNATURE CARD (DD Form 577)

A prescriber who works in an Army MTF should provide the pharmacy in some manner with a representative signature. Normally this is accomplished by the preparation of the signature card (DD Form 577 - figure 3-10). Persons assigned to the pharmacy should familiarize themselves with the signature of the persons authorized to write prescriptions to guard against possible forgeries. When prescriptions received in the pharmacy are not readable or there is a question concerning the authenticity of the prescription, dosage, compatibility, or directions to the patient, clarification must be obtained from the prescriber before the medication is dispensed to the patient. The signature card file should be updated monthly (TM 8-260)

NAME (Type or print)	GRADE	DATE
OFFICIAL ADDRESS		
SIGNATURE		
TYPE OF DOCUMENT OR PURPOSE FOR WHICH AUTHORIZED		
I CERTIFY THAT THE ABOVE IS THE SIGNATURE OF THE AUTHORIZED INDIVIDUAL.		
NAME AND GRADE OF COMMANDING OFFICER (Type or print) OR HIS DESIGNEE		
SIGNATURE OF COMMANDING OFFICER OR HIS DESIGNEE		

DD FORM 577 REPLACES 1 SEP 51 EDITION WHICH WILL BE USED UNTIL EXHAUSTED SIGNATURE CARD

Figure 3-10. The signature card (DD Form 577).

### 3-17. NUMBERING AND FILING OF PRESCRIPTIONS

All prescriptions and orders filled by the pharmacy will be placed in files established and maintained in the pharmacy. Prior to filing, prescriptions must be numbered serially, checked to ensure the Uniform Chart of Account (UCA) Code is shown, and initialed by the person who filled them. Three or more series of numbers must be used. A corresponding file must be established for each series of numbers. Immediately following are the minimum types of numbering files which can be established:

- a. **Note R Items.** Included in this file would be prescriptions for Schedule II controlled substances, alcohol, and alcoholic liquors.
- b. **Note Q Items.** Included in this file would be prescriptions for Schedules III, IV, and V controlled substances.
- c. **All Other Medications.** Included in this file would be prescriptions for medications which are neither Note Q or Note R items.

### **3-18. INSPECTION AND DISPOSITION OF PRESCRIPTION FILES AND RECORDS**

a. **Inspection.** Prescription and allied records will be subject to examination by inspectors and other higher echelon commanders at all times.

b. **Disposition.** Prescription files, narcotic records, and other records maintained in the pharmacy must be retained and disposed of in accordance with AR 340-18-9.

## **Section VII. PATIENT RELATIONS IN THE OUTPATIENT PHARMACY**

### **3-19. INTRODUCTION**

a. Think of the patient standing in front of the outpatient pharmacy window. That patient may have been seen by medical personnel in several clinics, in the medical laboratory, and in the X-ray department. This person is probably tired, hungry, and anxious to leave the hospital. The pharmacy is the last stop before he can leave the hospital to return to his home.

b. Think of the individual on the pharmacy side of the outpatient pharmacy window. That person has probably answered 100 questions patients have posed concerning medications. He has also asked 100 or so patients to write their addresses or telephone numbers on the prescription forms. Finally, he has handed over 1000 prescriptions to patients lined up outside the pharmacy window.

c. The combination of the patient and the individual from the pharmacy can be a potentially dangerous one. This is especially true if the person from the pharmacy cannot handle the situation. Granted, the patient may be obnoxious, but the pharmacy must be ready to calm the patient and fill his prescription as quickly as possible.

### **3-20. DEALING WITH PATIENTS**

a. Patients come in a variety of ages, ranks, and dispositions. Some patients have other ill people with them. For example, a young woman may have 3 small children with her--these children may have been vomiting all night and the mother may be near "the end of her rope." A retiree may be chronically ill and a short stay in front of the outpatient pharmacy window may well be too taxing for the patient. No matter how many patients you see in front of the outpatient pharmacy window, you can rest assured that the patient in front of you now is there for a purpose--to get a prescription filled as quickly as possible.

b. Regardless of the number of patients you see in front of the outpatient pharmacy window, you must treat each person as an individual and with respect. Treat that person the way you would like to be treated if you were in their place.

### **3-21. GREETING THE PATIENT**

One of the steps in filling a prescription is greeting the patient. A smile and a pleasant “good morning” can make the patient feel at ease. After this initial contact, you can gather specific information (like the patient’s telephone number or address) required on the prescription. This time also provides you with the opportunity of checking your pronunciation of the patient’s name (if you are the one who will call the patient to pick up the medication). The patient can then be told to be seated until his name is called.

### **3-22. FACILITIES**

A well-lighted patient waiting area equipped with a television and comfortable seating can make the waiting period seem shorter to the patient. Posters and bright colors can be used to provide a cheery atmosphere in the patients’ waiting area. A screened-off area for the patient to obtain his prescription can provide the patient with needed privacy.

### **3-23. ETHICAL CONSIDERATIONS IN THE OUTPATIENT PHARMACY**

Each individual in the pharmacy has certain types of highly personal and confidential information available to him. Therefore, it is the responsibility of each person to safeguard such information.

a. Information about medications a patient is taking must be safeguarded. You may know that a patient is taking a particular drug. You should never tell anyone (unless it’s a medical emergency) anyone what drug(s) a patient is/are taking. Doing so is an ethical, as well as a legal, violation. Questions about medications being taken by another person should be directed to your supervisor.

b. The patient’s name, address, and/or telephone should never be given to another person (except in the case of a medical emergency).

c. In any action you perform, you should be aware of your obligation to protect the right of the patient. Providing anyone with any information (except in a medical emergency) about the patient can have serious consequences for you.

### **3-24. PROVIDING INFORMATION TO THE PATIENT**

Some patients have questions about the drug(s) they are taking. Some patients may be hesitant to ask these questions. When the drug(s) is/are dispensed to the patient, you should inform him of any cautions and warnings, side effects, or other dispensing information important to his safe taking of the drug(s). If the drug you are dispensing must be dispensed with patient information (for example, patient package insert), give it to the patient at this time. If a patient asks you why he must take the drug, refer him to his physician. Lastly, ensure the patient knows how to safely take the drug(s) being dispensed. Ask him questions if necessary to verify this fact.

### **3-25. DEALING WITH IMPATIENT OUTPATIENTS**

Most patients patiently wait while their prescriptions are being filled. However, a few patients sometimes become impatient and complain about having to wait. You may be able to calm these people by saying something like: “We seem to be having an especially busy morning. Please be patient--we’ll fill your prescription as quickly as possible.” In other words, don’t lose your temper and calmly deal with the patient on a personal level. Never become involved in a screaming match with a patient--you can only lose. If the patient becomes extremely impatient, refer him to the chief of the outpatient pharmacy or the chief of the pharmacy service.

**Continue with Exercises**

### EXERCISES, LESSON 3

**INSTRUCTIONS:** The following exercises are to be answered by marking the lettered response that best answers the question.

After you have completed all the exercises, turn to Part II, "Solutions to Exercises," at the end of the lesson, and check your answers with the Academy solutions.

1. From the form numbers below, select the form used as the approved one item prescription form at all Army medical treatment facilities.
  - a. AF Form 781.
  - b. Naval Form 634.
  - c. DA Form 1289.
  - d. DD Form 1289.

2. Select the group of prepared DD Forms 1289 below, select the form which contains the information as required in either AR 40-2, AR 40-48, or professional practice standards in order to be filled in an Army MTF.

a.

DD FORM 1289 DOD PRESCRIPTION	
PGN (Full name, address & phone number) (If under 22 years, give age)	
Mrs. E. H. Chase (Dep/Co) 105 Williamsburg Lane San Antonio, TX 653-1081	
MEDICAL FACILITY Alamo Army Hosp	DATE 10 Nov 84
Rx Tetracycline Capsules 250 # 40 Sig: $\dot{\bar{i}}$ capsule q.i.d. for 10 days	
*FOR INSTRUCTIONAL USE ONLY*	
MPER LOT NO	EXP DATE FILLED BY James Williams, M.D. CPT, MC
SIGNATURE, RANK AND DEGREE EDITION OF 1 JAN 81 MAY BE USED	

b.

DD FORM 1289 DOD PRESCRIPTION	
PGN (Full name, address & phone number) (If under 22 years, give age)	
Maj John Williams 101 Brown Road Ft. Sam Houston TX 631-1010	
MEDICAL FACILITY Alamo Army Hosp	DATE 10 Nov 84
Rx Aspirin Tablets 5 gr Disp # 20 Sig: $\dot{\bar{i}}$ Tablets as needed for pain.	
*FOR INSTRUCTIONAL USE ONLY*	
MPER LOT NO	EXP DATE FILLED BY Alice Jones CPT, AMSC PT
SIGNATURE, RANK AND DEGREE EDITION OF 1 JAN 81 MAY BE USED	

c.

DD FORM 1289 DOD PRESCRIPTION	
PGN (Full name, address & phone number) (If under 22 years, give age)	
SPS Donald Andrews Company B, 2nd Bn. AHS 221-6304	
MEDICAL FACILITY Alamo Army Hosp	DATE 10 Nov 84
Rx Ornade Capsules Sig: $\dot{\bar{i}}$ q 12 hr	
*FOR INSTRUCTIONAL USE ONLY*	
MPER LOT NO	EXP DATE FILLED BY Raymond Andrews LTC, MC
SIGNATURE, RANK AND DEGREE EDITION OF 1 JAN 81 MAY BE USED	

d.

DD FORM 1289 DOD PRESCRIPTION	
PGN (Full name, address & phone number) (If under 22 years, give age)	
MSG Alice Romero Co. D, 4th Bn AHS 221-6104	
MEDICAL FACILITY Alamo Army Hosp	DATE 10 Nov 84
Rx Benadryl Elixir 12.5mg/5ml 4 ounces	
*FOR INSTRUCTIONAL USE ONLY* N.R.	
MPER LOT NO	EXP DATE FILLED BY James Andrews, M.D. COL, MC
SIGNATURE, RANK AND DEGREE EDITION OF 1 JAN 81 MAY BE USED	

3. Select the statement which best pertains to the refilling of prescriptions as specified in AR 40-2 or 40-48.
  - a. Schedule IV controlled substances can never be refilled.
  - b. Schedule V controlled substances can never be refilled.
  - c. Non-controlled substances can be refilled to the extent authorized by the commander.
  - d. Schedule V controlled substances can be refilled only if the patient's age is over 21.
  
4. Select, from the list below, the type of medical care personnel authorized to prescribe medications as specified in either AR 40-2 or AR 40-48.
  - a. Occupational therapists.
  - b. Pharmacy specialists.
  - c. Pharmacists.
  - d. Physical therapists.

5. From the group of prepared outpatient drug labels, select the label that contains the information required by AR 40-2.

a.

	ALAMO ARMY HOSPITAL FT. DAVY CROCKETT, TEXAS 221-2351
FOR LTC Alice Smith 3 Dec 84	
Take one (1) capsule four (4) times daily for 10 days.	
ACC	40 capsules
Tetracycline 250 mg Boggs/jwt	
KEEP OUT OF REACH OF CHILDREN	

c.

	ALAMO ARMY HOSPITAL FT. DAVY CROCKETT, TEXAS 221-2351
FOR LTC Alice Smith 3 Dec 84	
Take one (1) capsule four (4) times daily for 10 days.	
Tetracycline 250 mg 40 capsules	
#1098 /ACC	Hellmich/jwt
KEEP OUT OF REACH OF CHILDREN	

b.

	ALAMO ARMY HOSPITAL FT. DAVY CROCKETT, TEXAS 221-2351
FOR LTC Alice Smith 3 Dec 84	
Take one (1) capsule four (4) times daily for 10 days.	
250 mg	40 capsules
#1098 /ACC	Drost
KEEP OUT OF REACH OF CHILDREN	

d.

	ALAMO ARMY HOSPITAL FT. DAVY CROCKETT, TEXAS 221-2351
FOR LTC Alice Smith 3 Dec 84	
Take one (1) capsule four (4) times daily for 10 days.	
Tetracycline 250 mg	ACC
#1098 40 capsules	jwt
KEEP OUT OF REACH OF CHILDREN	

6. You are working in an outpatient pharmacy setting within a wartime theater of operations in which members of the armies of the United States and Canada are deployed. You fill a prescription for Doxycycline. From the group of supplementary labels below, select the label that should be placed on the medication container as suggested by the Quadripartite Standardization Agreement (QSTAR) 471.

- "Do not take this medication with milk, antacids, or preparations containing iron."
- "This medication to be taken one hour before food and three hours after the evening meal."
- "Avoid taking alcohol with this medication unless advised by prescriber."
- "Refrigerate", Do Not Freeze.

7. Select the statement that best describes the numbering and filing requirements for prescriptions as stated in AR 40-2.
  - a. All prescriptions for controlled substances must be placed in the same file.
  - b. All prescriptions must be serially numbered, checked to ensure the UCA Code is shown, and initialed by the person who filled them before they are filed.
  - c. Two series of files must be used to file prescriptions.
  - d. Prescriptions placed in the Note Q file include Schedule III, IV, and V controlled substances and alcohol.
  
8. From the group of statements below, select the statement that pertains to the refilling of prescriptions for Schedule II controlled substances.
  - a. Prescriptions for Schedule II controlled substances may be refilled if so authorized by the prescriber in the original prescription.
  - b. Prescriptions for Schedule II controlled substances cannot be refilled.
  - c. Prescriptions for Schedule II and III controlled substances should be filed together.
  - d. Prescriptions for all legend drugs should be filed together.
  
9. Select the category of controlled substances to which flurazepam capsules (15 mg) belong.
  - a. Note Q.
  - b. Note R.
  
10. Select the category of controlled substances to which methylphenidate belongs.
  - a. Note Q.
  - b. Note R.

11. Select the category of controlled substances to which platinum foil belongs.
  - a. Note Q.
  - b. Note R.
  
12. From the form numbers below, select the form used to record receipts and expenditures of all controlled substances.
  - a. AF Form 781.
  - b. DD Form 1289.
  - c. DA Form 3862.
  - d. DA Form 6505.

13. You are presented with the following prescription. Select the statement that best describes why the prescription should/should not be filled.

DD FORM 1389 DOD PRESCRIPTION	
FOR (Full name, address & phone number) (if under 17 years, give age.)	
PFC Alice Jones Co B, 2nd BN AMS	
MEDICAL FACILITY	DATE
Alamo Army Hosp	18 Aug 1984
Rx	GR. OF:
Acetaminophen Tabs 325 #40	
Sig: ii. tab as needed for pain in elbow	
To be filled only at Alamo Hospital Pharmacy.	
NFPA:	EXP. DATE:
LOT NO:	PREPARED BY:
	John Mayer USAF CPT, M.S., AMSC, PI
R NUMBER	SIGNATURE, NAME AND DEGREE

EDITION OF 1 JAN 77 MAY BE USED.

- Fill the prescription as it is written.
- Do not fill the prescription since the prescriber is not authorized to prescribe that medication.
- Do not fill the prescription since all the required information is not on the form.
- Do not fill the prescription since the trade name of the medication is not written on the form.

14. You are presented with the following prescription. Select the statement that best describes why the prescription should/should not be filled.

DD FORM 1289 1289 PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.) SP5 Roger Brown Co B, 3rd Bn AHS -3864	
MEDICAL FACILITY	DATE
Alamo Army Hosp	14 Feb 84
Rx	Gr. w. nt.
Lomotil #40 (forty)	
Sig: Take two tabs immediately. Then take one tab four times a day.	
TO BE FILLED ONLY AT ALAMO HOSPITAL PHARMACY	
MPGR:	EXP. DATE:
LOT NO:	John Jones USAF John Jones USA, WO1, PA 23-62-0193
R NUMBER	23-62-0193
<small>EDITION OF 1 JAN 80 MAY BE USED.</small>	

- Fill the prescription as it is written.
- Do not fill the prescription because the prescriber is not authorized to prescribe that amount of drug.
- Do not fill the prescription because all the required information is not on the form.
- Do not fill the prescription because the strength of the medication is not written on the form.

15. While working in the outpatient pharmacy you are approached by a man who says his wife is taking several medications from your pharmacy. He says he wants you to provide him with a list of medications his wife is taking. What should you do?
- Provide him with the list of medications as requested (after he has shown you his identification (ID) card).
  - Tell him the pharmacy does not keep that type of information on file.
  - Telephone the military police so they can verify the identify of the man.
  - Tell the man that you cannot give him the information--he will have to talk to your supervisor.
16. While working at the outpatient pharmacy window, you are approached by a patient to whom you dispensed a particular medication four days ago. He asks: "I've been taking this medication for four days and I don't feel any better. Do you think the doctor gave me the right drug?" How should you respond?
- "I know that doctor, and he always prescribes what the patient needs."
  - "Double the amount of drug you are taking. Maybe the drug will start to do what it's supposed to do."
  - "Sometimes you must take the medication for a week or more before you get the desired effect. If you have any questions you should check with your physician."
  - "I'm not a doctor. Don't ask me what you need to do."
17. Someone has approached you about obtaining the name and telephone number of a particular patient who has just had a prescription filled at your pharmacy. What should you do?
- Give the person the name and telephone number.
  - Do not give the person the name and telephone number and inform your supervisor of the request.
  - Give the person the name and telephone number and tell your supervisor of your action.
  - Tell the person to check with the patient's physician.

**Check Your Answers on Next Page**

### SOLUTIONS TO EXERCISES, LESSON 3.

1. d (para 3-1a)
2. a (para 3-1c)  
"b" lacks the statement "To be filled only at Alamo Hospital Pharmacy."  
"c" lacks the number of capsules to be dispensed.  
"d" lacks the directions to the patient.
3. c para 3-11)
4. d (para 3-8l)
5. c (para 3-13)  
The label for response "a" lacks the prescription number. The label for response "b" lacks the initials of the person who typed the prescription label. Although it does not have the name of the drug, this information is not required. The label for response "d" lacks the name of the prescriber.
6. a (Table 3-2, B-2, 4)
7. b (para 3-17)
8. b (para 3-10a)
9. a (Table 3-1)
10. b (Table 3-1)
11. b (Table 3-1)
12. c (para 3-5b)
13. a (para 3-1c, 3-8)
14. b Maximum number of Lomotil authorized to be prescribed by a PA is 20.)  
(para 3-8g)
15. d (para 3-33a)
16. c (para 3-34)
17. b (para 3-33b)

**End of Lesson 3**

## LESSON ASSIGNMENT

<b>LESSON 1</b>	Interpretation of a Prescription Form (DD Form 1289).
<b>TEXT ASSIGNMENT</b>	The programmed text.
<b>TASKS TAUGHT</b>	081-824-0001, Perform initial screening of a prescription. 081-824-0002, Fill a prescription for a non-controlled drug. 081-824-0003, Fill a prescription for a controlled drug. 081-824-0004, Fill a prescription to be compounded. 081-824-0005, Label a prescription. 081-824-0006, Refill a prescription. 081-824-0007, File a prescription.
<b>LESSON OBJECTIVES</b>	After completing this lesson, you should be able to:  1-1. Given several form numbers, select the form number used as the approved one-item prescription form at all Army medical treatment facilities.  1-2. Given a Latin term or abbreviation that may appear on a prescription and a list of meanings, select the meaning of that term or abbreviation.  1-3. Given a completed one-item prescription for (DD Form 1289) and a list of alternative responses, select the following information from the prescription: The name of the patient, the address of the patient, the prescribed medication to be dispensed, the directions to the patient, refill information, and/or the name rank of the prescriber.

## INTRODUCTION TO LESSON 1

Lesson 1 is written in the form of a programmed text. It is divided into three parts. First, the prescription blank (DD 1289) is explained in detail. Then, the language of the prescription (pharmaceutical Latin) is presented. Finally, practice exercises are provided to develop your skills in prescription interpretation.

Since the lesson is in the form of a programmed text, you will be expected to answer several questions at the end of each segment of information. These questions will seem easy, and you will find that by answering them carefully, yet quickly, you are able to progress rapidly through the text. The correct answers are provided in the gray area to the right of the questions. If you discover that you have made an error in answering a question, read the information preceding it again to see where you made your mistake. Then, go on to the next segment.

FRAME 1

DD Form 1289 (Department of Defense Prescription) is the approved one-item form used at Army medical treatment facilities.

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)		(If under 12 years, give age.)		
MEDICAL FACILITY		DATE		
<i>Rx</i>		Gm. or ml.		
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>		

**Question:**

The approved one-item prescription form used at Army medical treatment facilities is DD Form \_\_\_\_\_.

**Answer:**

The approved one-item prescription form used at Army medical treatment facilities is DD Form 1289.

FRAME 2

There are eight major parts to each prescription. The first of these parts, Block 1, contains the information which identifies the patient. It will have the full name and address or telephone number of the patient. On prescriptions for children twelve years of age and under, AR 40-3 recommends that the child's age be written on the form.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.)			( If under 12 years, give age.)	
<b>BLOCK 1</b>				
MEDICAL FACILITY			DATE	
$\mathcal{R}$		<i>Gm. or ml.</i>		
MFGR:		EXP. DATE:		
LOT NO:		FILLED BY:		
$\mathcal{R}$ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

Patient information found in Block 1 above includes the patient's \_\_\_\_\_ and address or \_\_\_\_\_.

**Answer:**

Patient information found in Block 1 above includes the patient's name and address or telephone number.

FRAME 3

### Section I. THE PRESCRIPTION FORM

The One-Item Prescription (DD Form 1289)  
DD Form 1289 (Department of Defense Prescription) is the  
approved one-item form used at Army medical treatment

facilit  
ies.

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> <b>1289</b>	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.)		(If under 12 years, give age.)	
MEDICAL FACILITY	DATE		
<i>Rx</i>	Gm. or ml.		
MFGR:	EXP DATE:		
LOT NO:	FILLED BY:		
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>	EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>

**Question:**

The approved one-item prescription form used at Army  
medical treatment facilities is DD Form \_\_\_\_\_.

**Answer:**  
DD Form 1289.

FRAME 4

There are eight major parts to each prescription. The first of these parts, Block 1, contains the information which identifies the patient. It will have the full name and address or telephone number of the patient. On prescriptions for children twelve years of age and under, AR 40-3 recommends that the child's age be written on the form.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
<b>BLOCK 1</b>				
MEDICAL FACILITY			DATE	
$\mathcal{R}$		<i>Gm. or ml.</i>		
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
$\mathcal{R}$ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

Patient information found in Block 1 above includes the patient's \_\_\_\_\_ and address or \_\_\_\_\_.

**Answer:**

Patient information found in Block 1 above includes the patient's name and address or telephone number.

FRAME 5

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
<p>SFC John P. Taylor          1363 Soldier Road          Ft Sam Houston, TX          221-6453</p>				
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00		
<p><b>Rx</b>          Aldomet Tablets          Disp: 120          Sig: <math>\dot{\bar{i}}</math> p.o. QID</p>				<p>Gm. or ml.          5</p>
MFGR: MSD	EXP DATE: 7/03			
LOT NO: 1148A	FILLED BY: CWT			
001022	James Dean			
Rx NUMBER	SIGNATURE, RANK AND DEGREE CPT, M.D.			
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>		

Prescription Number

**Question:**

Prescription 1022 is to be dispensed to

\_\_\_\_\_.

**Answer:**

Prescription No. 1022  
 is to be dispensed to  
SFC John P. Taylor.

**FRAME 6**

The second part of the prescription form, Block 2, identifies the medical facility where the prescription was written. It may also contain the name of the clinic or department at that facility.

<i>SAMPLE</i>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<i>SAMPLE</i>	
FOR ( Full name, address & phone number.)		(If under 12 years, give age.)		
MEDICAL FACILITY		DATE		
<b>BLOCK 2</b>				
<i>Rx</i>		<i>Gm. or ml.</i>		
MFGR:		EXP. DATE:		
LOT NO:		FILLED BY:		
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE		
<i>SAMPLE</i>		EDITION OF 1 JAN 60 MAY BE USED. <i>SAMPLE</i>		

**Question:**

Block 2 identifies the \_\_\_\_\_ where the prescription was written.

**Answer:**

Block 2 identifies the medical facility where the prescription was written.

FRAME 7

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453				
MEDICAL FACILITY Alamo Army Hosp			DATE 6 Mar 00	
<b>Rx</b>  Aldomet Tablets Disp: 120 Sig: † p.o. QID			Gm. or ml.  5	
MFGR: MSD		EXP DATE: 7/03		
LOT NO: 1148A		FILLED BY: CWT		
001022		James Dean		
Rx NUMBER		SIGNATURE, RANK AND DEGREE CPT, MD		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

Prescription 1022 was written at \_\_\_\_\_  
\_\_\_\_\_.

**Answer:**

Prescription No. 1022 was written at Alamo Army Hospital.

FRAME 8

<b>SAMPLE</b>		DD <sup>FORM</sup> <sub>1 NOV 71</sub> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6			
198 Jamison Place			
Ft Sam Houston, TX			
221-6519			
MEDICAL FACILITY		DATE	
Dewitt Army Hosp		3 Apr 00	
<b>R<sub>x</sub></b>		gm. or ml.	
Dimetapp Elixir			
Disp: 4 ounces			
Sig: † tsp p.o. QID			
MFGR: A.H. Robins	EXP DATE: 3/04		
LOT NO: 1462	FILLED BY: CWT		
001043	Charles Edwards		
<b>R<sub>x</sub></b> NUMBER	SIGNATURE, RANK, AND DEGREE		
	<b>MCJ, M.D.</b>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

Prescription 1043 was written at \_\_\_\_\_  
\_\_\_\_\_.

**Answer:**

Prescription No. 1043 was written at DeWitt Army Hospital.

FRAME 9

Prescriptions shall be dated as of the day they are written.  
This information is found in Block 3.

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.)			(If under 12 years, give age.)	
MEDICAL FACILITY			DATE	
			<b>BLOCK 3</b>	
$\mathcal{R}$		<i>Gm. or ml.</i>		
MFGR:		EXP. DATE:		
LOT NO:		FILLED BY:		
$\mathcal{R}$ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

Block 3 tells what \_\_\_\_\_ the prescription was written.

**Answer:**

Block 3 tells what date the prescription was written

FRAME 10

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453				
MEDICAL FACILITY Alamo Army Hosp			DATE 6 Mar 00	
℞ Aldomet Tablets Disp: 120 Sig: † p.o. QID			Gm. or ml. 5	
MFGR: MSD		EXP DATE: 7/03		
LOT NO: 1148A		FILLED BY: CWT		
001022 ℞ NUMBER		James Dean CPT, M.D. SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

Prescription 1022 was written on \_\_\_\_\_.

**Answer:**

Prescription 1022 was written on 6 March 2000.

FRAME 11

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.)		(If under 12 years, give age.)	
Mary Johnson, Age 6			
196 Jamison Place			
Ft Sam Houston, TX			
221-0519			
MEDICAL FACILITY		DATE	
Dewitt Army Hosp		3 Apr 00	
<b>R</b>			
Dimetapp Elixir			
Disp: 4 ounces			
Sig: $\dot{\bar{i}}$ tsp p.o. QID			
MFGR: A.H. Robins		EXP DATE: 3/04	
LOT NO: 1462		FILLED BY: CWT	
001043		Charles Edwards	
Rx NUMBER		SIGNATURE, PHARM.D. DEGREE	
SAMPLE		SAMPLE	

SAMPLE EDITION OF 1 JAN 60 MAY BE USED.

**Question:**

Prescription 1043 was written on \_\_\_\_\_.

**Answer:**

Prescription 1043 was written on 3 April 2000.

FRAME 12

An important part of the prescription consists of one line, as shown in Block 4. This is the metric line. It serves as a decimal point when quantities or strengths are prescribed using the metric system. If the drug or chemical is a solid, the unit of weight specified by the metric line will be grams. If it is a liquid, the unit of measure will be milliliters.

<b>SAMPLE</b>		DD FORM 1289 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
℞		Gm. or ml.		
		BLOCK 4		
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
℞ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

The metric line serves as a \_\_\_\_\_ when quantities or strengths are prescribed using the metric system.

**Answer:**

The metric line serves as a decimal point when quantities or strengths are prescribed using the metric system.

FRAME 13

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
<i>Rx</i>		<i>Gm. or ml.</i>		
<i>A solid</i>		<i>1</i>	<i>5</i>	
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

The prescription calls for \_\_\_\_\_ of a solid.

**Answer:**

This prescription calls for 1.5 grams of a solid.

FRAME 14

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
<i>Rx</i>		<i>Gm. or ml.</i>		
<i>A liquid</i>		<i>4</i>	<i>8</i>	
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

This prescription calls for \_\_\_\_\_ of a liquid.

**Answer:**

This prescription calls for 4.8 milliliters of a liquid.

FRAME 15

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
CPT Robert Wallace 1025 Barrington Ft Sam Houston, TX 221-6304				
MEDICAL FACILITY Alamo Army Hosp			DATE 4 March 2000	
<b>R<sub>x</sub></b>				
		Gm. or ml.		
Menthol crystals		10	0	
Ethyl alcohol		80	0	
Dist. H <sub>2</sub> O				
		q.s.a.d. 120	0	
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
		Harold Jones		
<b>R<sub>x</sub></b> NUMBER		SIGNATURE, RANK AND DEGREE MAJ, MD		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

How much of each ingredient is called for in this prescription? (specify units)

Menthol crystals \_\_\_\_\_

Ethyl Alcohol \_\_\_\_\_

Distilled Water \_\_\_\_\_

**Answer:**

Menthol crystals 10  
grams (a solid)

Ethyl Alcohol 80  
milliliters (a liquid)

Distilled Water q.s.a.d.  
120 milliliters (a liquid)

FRAME 16

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>																						
FOR (Full name, address & phone number.) (If under 12 years, give age.)																									
Alice Jones 632 Funston Place Ft Sam Houston, TX 222-3010																									
MEDICAL FACILITY Alamo Army Hospital			DATE 30 April 00																						
<table border="1"> <tr> <td rowspan="5" style="vertical-align: top;"><b>R<sub>x</sub></b></td> <td></td> <td colspan="3" style="text-align: center;"><i>gm. or ml.</i></td> </tr> <tr> <td>Sulfur</td> <td>12</td> <td>0</td> <td></td> </tr> <tr> <td>Zinc Oxide</td> <td>12</td> <td>0</td> <td></td> </tr> <tr> <td>Talc</td> <td>12</td> <td>0</td> <td></td> </tr> <tr> <td>Lotion base</td> <td>q.s.</td> <td>120</td> <td>0</td> </tr> </table>					<b>R<sub>x</sub></b>		<i>gm. or ml.</i>			Sulfur	12	0		Zinc Oxide	12	0		Talc	12	0		Lotion base	q.s.	120	0
<b>R<sub>x</sub></b>		<i>gm. or ml.</i>																							
	Sulfur	12	0																						
	Zinc Oxide	12	0																						
	Talc	12	0																						
	Lotion base	q.s.	120	0																					
MFGR:	EXP DATE:																								
LOT NO:	FILLED BY:																								
		Howard Maize M.D.																							
<small>R<sub>x</sub> NUMBER</small>		<small>SIGNATURE, RANK AND DEGREE</small>																							
<small>SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE</small>																									

**Question:**

How much of each ingredient is called for in this prescription? (specify units)

Sulfur \_\_\_\_\_  
 Zinc Oxide \_\_\_\_\_  
 Talc \_\_\_\_\_  
 Lotion Base \_\_\_\_\_

**Answer:**

Sulfur 12 grams ( a solid)  
 Zinc Oxide 12 grams (a solid)  
 Talc 12 grams (a solid)  
 Lotion Base q.s.120 milliliters (a liquid)

FRAME 17

The largest part of the prescription, Block 5, is divided into four subparts: the superscription, inscription, subscription, and the signa. Together they form the body of the prescription.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
<i>Rx</i> _____ <i>Gm. or ml.</i>		<b>superscription</b> <b>inscription</b> <b>subscription</b> <b>signa</b>		
*****				
<b>BLOCK 5</b>				
*****				
*****				
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

The superscription, inscription, subscription, and signa are parts of the \_\_\_\_\_ of the prescription.

**Answer:**

The superscription, inscription, subscription, and signa are parts of the body of the prescription.

FRAME 18

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
MEDICAL FACILITY			DATE	
<b>R<sub>x</sub></b>			<i>Gm. or ml.</i>	
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
<small>R<sub>x</sub> NUMBER</small>		<small>SIGNATURE, RANK AND DEGREE</small>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

The superscription is simply the R<sub>x</sub> symbol. This symbol represents recipe or take thou, informing pharmacy personnel to dispense the medication listed.

**Question:**

The superscription (R<sub>x</sub> symbol) represents \_\_\_\_\_ or \_\_\_\_\_.

**Answer:**

The superscription (R<sub>x</sub> symbol) represents recipe or take thou.

FRAME 19

The inscription lists the drug (or ingredient) name and strength.

<u>SAMPLE</u>		DD FORM 1 NOV 71 1289	<u>SAMPLE</u>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number. ) ( If under 12 years, give age. )			
MEDICAL FACILITY		DATE	
<i>Rx</i>		<i>Gm. or ml.</i>	
Ethaverine HCl Tabs		100	
MFGR:	EXP DATE:		
LOT NO:	FILLED BY:		
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE		
<u>SAMPLE</u>	EDITION OF 1 JAN 60 MAY BE USED.		<u>SAMPLE</u>

FRAME 20

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00	
<b>Rx</b>		<i>Gm. or ml.</i>	
Aldomet Tablets Disp: 120 Sig: $\dot{\bar{i}}$ p.o. QID		5	
MFGR: MSD	EXP DATE: 7/03		
LOT NO: 1148A	FILLED BY: CWT		
001022 <small>℞ NUMBER</small>	James Dean CPT, MD <small>SIGNATURE, RANK AND DEGREE</small>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

The inscription of prescription 1022 calls for \_\_\_\_\_.

**Answer:**

The inscription of prescription 1022 calls for Aldomet tablets, 0.5 gram.

FRAME 21

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6 196 Jamison Place Ft Sam Houston, TX 221-6510			
MEDICAL FACILITY Dewitt Army Hosp		DATE 3 Apr 00	
<b>R<sub>x</sub></b> Dimetapp Elixir Disp: 4 ounces Sig: $\dot{\bar{t}}$ tsp p.o. QID		Gm. or ml.	
MFGR: A.H. Robins	EXP DATE: 3/04		
LOT NO: 1462	FILLED BY: CWT		
001043 <small>NUMBER</small>	Charles Edwards <b>M.D.</b> <small>SIGNATURE, RANK, AND DEGREE</small>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

The inscription of prescription 1043 calls for

\_\_\_\_\_.

**Answer:**

The inscription of prescription 1043 calls for Dimetapp Elixir.

FRAME 22

The subscription contains the instructions to pharmacy personnel. It tells what is to be done with the drug or ingredients, such as "make an emulsion" or "dispense a certain quantity." For any information not included on the prescription, the physician must be contacted.

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
MEDICAL FACILITY		DATE		
<b>Rx</b>		Gm. or ml.		
Disp: #40				
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
<small>Rx</small> NUMBER	SIGNATURE, RANK AND DEGREE			
<b>SAMPLE</b>	EDITION OF 1 JAN 60 MAY BE USED.			<b>SAMPLE</b>

**Question:**

The subscription contains the instructions to

\_\_\_\_\_.

**Answer:**

The subscription contains the instructions to pharmacy personnel

FRAME 23

The last subpart of the body of the prescription is the signa. It contains the directions to the patient. It might tell the patient to "take two tablets daily" or "instill three drops in each ear at bedtime." Very often, these are written in pharmaceutical Latin words or abbreviations which pharmacy personnel must interpret for the patient.

A complete translated signa for a patient must have these five (5) components: action verb, quantity, dosage form, route of administration, and frequency.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
		DOD PRESCRIPTION		
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
℞		Gm. or ml.		
Sig: † p.o. QID				
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
℞ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>

**Question:**

The signa contains directions to the \_\_\_\_\_.

**Answer:**

The signa contains directions to the patient.

FRAME 24

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453				
MEDICAL FACILITY			DATE	
Alamo Army Hosp			6 Mar 00	
R <sub>x</sub>		Gm. or ml.		
Aldomet Tablets Disp: 120 Sig: † p.o. QID		S		
MFGR: MSD	EXP DATE: 7/03			
LOT NO: 1148A	FILLED BY: CWT			
001022	James Dean			
R <sub>x</sub> NUMBER	CPT, M.D.			
SIGNATURE, RANK AND DEGREE				
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED.		
		<b>SAMPLE</b>		

**Question:**

The signa of prescription 1022 is as follows:

\_\_\_\_\_.

**Answer:**

The signa of prescription 1022 is as follows: 1 QID. (This means "Take 1 tablet by mouth 4 times daily.")

FRAME 25

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6			
196 Jamison Place			
Ft Sam Houston, TX			
221-6510			
MEDICAL FACILITY		DATE	
Dewitt Army Hosp		3 Apr 00	
<b>R<sub>x</sub></b>		Gm. or ml.	
Dimetapp Elixir			
Disp: 4 ounces			
Sig: $\dot{\bar{\text{t}}}$ tsp p.o. QID			
MFGR: A.H. Robins		EXP DATE: 3/04	
LOT NO: 1462		FILLED BY: CWT	
001043		Charles Edwards	
<small>R<sub>x</sub> NUMBER</small>		<small>SIGNATURE, RANK, AND DEGREE</small>	
SAMPLE		SAMPLE	
<small>EDITION OF 1 JAN 60 MAY BE USED.</small>			

**Question:**

The signa of prescription 1043 is as follows:

\_\_\_\_\_.

**Answer:**

The signa of prescription 1043 is as follows: 1 tsp. TID. (This means "Take 1 teaspoonful by mouth 3 times daily.")

FRAME 26

Block 6 contains the quality control information for the prescription. Block 6 provides a place for the drug's manufacturer, lot number, and expiration date to be recorded. Also, it provides a place for the initials of the person who filled the prescription. AR 40-3 requires that the initials of the person who filled the prescription be written on the form. However, if a drug recall policy is in effect in the pharmacy, the drug's manufacturer, lot number, and expiration date need not be written on the prescription form.

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
℞		Gm. or ml.		
MFGR:	<b>BLOCK 6</b>		EXP. DATE:	
LOT NO:			FILLED BY:	
℞ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

In addition to completely identifying the manufacturer, lot number, and expiration date of the drug dispensed, Block 6 contains the initials of the \_\_\_\_\_ .

**Answer:**

person who filled the prescription.

FRAME 27

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
<p>SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453</p>				
MEDICAL FACILITY Alamo Army Hosp			DATE 6 Mar 00	
<p><b>Rx</b> Aldomet Tablets Disp: 120 Sig: <math>\dot{\bar{i}}</math> p.o. QID</p>			<p>Gm. or ml. 5</p>	
MFGR: MSD		EXP DATE: 7/03		
LOT NO: 1148A		FILLED BY: CWT		
001022 % NUMBER		James Dean CPT, M.D. SIGNATURE, RANK AND DEGREE		
<p><b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b></p>				

**Question:**

Prescription 1022 was for Aldomet, 0.5 gram, which was manufactured by \_\_\_\_\_. It was lot number \_\_\_\_\_, which expires \_\_\_\_\_. The initials of the person who filled it are \_\_\_\_\_.

**Answer:**

Prescription 1022 was for Aldomet, 0.5 gram, which was manufactured by MSD. It was lot number 1148 A, which expires 7/03. The initials of the person who filled it are CWT.

FRAME 28

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
Mary Johnson, Age 6 196 Jamison Place Ft Sam Houston, TX 221-6510				
MEDICAL FACILITY Dewitt Army Hosp		DATE 3 Apr 00		
<b>R<sub>x</sub></b> <span style="float: right;">Gm. or ml.</span>				
Dimetapp Elixir				
Disp: 4 ounces				
Sig: $\dot{\bar{r}}$ tsp p.o. QID				
MFGR: A.H. Robins		EXP DATE: 3/04		
LOT NO: 1462		FILLED BY: CWT		
001043		Charles Edwards		
NUMBER		SIGNATURE, RANK, AND DEGREE		
SAMPLE		EDITION OF 1 JAN 60 MAY BE USED. SAMPLE		

**Question:**

Prescription 1043 was for Dimetapp Elixir, which was manufactured by \_\_\_\_\_. It was lot number \_\_\_\_\_, which expires \_\_\_\_\_. The initials of the person who filled it are \_\_\_\_\_.

**Answer:**

Prescription 1043 was for Dimetapp Elixir, which was manufactured by AH Robins. It was lot number 1462, which expires 3/04. The initials of the person who filled it are CWT.

FRAME 29

Prior to filling, prescriptions will be numbered serially. Block 7 contains the prescription number.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
		DOD PRESCRIPTION		
FOR (Full name, address & phone number.)		(If under 12 years, give age.)		
MEDICAL FACILITY		DATE		
R <sub>x</sub>		Gm. or ml.		
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
<b>BLOCK 7</b>		SIGNATURE, RANK AND DEGREE		
R <sub>x</sub> NUMBER				
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>		

**Question:**

Prior to filling, prescriptions will be \_\_\_\_\_.

**Answer:**

Prior to filling, prescriptions will be numbered serially.

FRAME 30

The last part of the prescription, Block 8, identifies the prescriber. It contains the signature, in ink, of the person who wrote the prescription. If the prescription is for a controlled substance such as a narcotic, the prescriber's signature, branch of service, social security number, and name (stamped, typed, or hand printed) must appear in this block on the prescription form.

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
<small>FOR ( Full name, address &amp; phone number.) (If under 12 years, give age.)</small>				
MEDICAL FACILITY			DATE	
<i>Rx</i>		<small>Gm. or ml.</small>		
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
<small>Rx NUMBER</small>		<b>BLOCK 8</b> <small>SIGNATURE, RANK AND DEGREE</small>		
<small>SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE</small>				

**NOTE:** Prescriptions written by nurse clinicians, graduate physician assistants, AMOSISTS, and physical therapists must have the following statement written on the form: "TO BE FILLED ONLY AT (name of local medical treatment facility) PHARMACY."

**Question:**

Block 8 identifies the \_\_\_\_\_ .

**Answer:**

prescriber.

FRAME 31

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453				
MEDICAL FACILITY Alamo Army Hosp			DATE 6 Mar 00	
℞ Aldomet Tablets Disp: 120 Sig: $\dot{\bar{i}}$ p.o. QID			Gm. or ml. 5	
MFGR: MSD		EXP DATE: 7/03		
LOT NO: 1148A		FILLED BY: CWT		
001022 ℞ NUMBER		James Dean CPT, M.D. SIGNATURE RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

Prescription 1022 was written by \_\_\_\_\_.

**Answer:**

Prescription 1022 was written by James Dean, CPT, MD.

FRAME 32

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6			
196 Jamison Place			
Ft Sam Houston, TX			
221-6510			
MEDICAL FACILITY		DATE	
Dewitt Army Hosp		3 Apr 00	
<b>R<sub>x</sub></b>			
Dimetapp Elixir			
Disp: 4 ounces			
Sig: $\dot{\bar{t}}$ tsp p.o. QID			
MFGR: A.H. Robins		EXP DATE: 3/04	
LOT NO: 1462		FILLED BY: CWT	
001043		Charles Edwards	
NUMBER		SIGNATURE, RANK, AND DEGREE	
SAMPLE		SAMPLE	
EDITION OF 1 JAN 60 MAY BE USED.			

**Question:**

Prescription 1043 was written by

\_\_\_\_\_.

**Answer:** Prescription 1043 was written by Charles Edwards, MAJ, MD.

**Section II. COMMON LATIN TERMS AND ABBREVIATIONS**

<u>Term or Abbreviation</u>	<u>Meaning</u>
aa	of each
a	before
a.c.	before meals
ad lib.	freely, at pleasure
Aq. Dest.	purified water
Bis	twice
b.i.d.	two times a day

**Question:**

aa means \_\_\_\_\_

a.c. means \_\_\_\_\_

ad lib. means \_\_\_\_\_

b.i.d. means \_\_\_\_\_

**Answer:**

aa means of each

a.c. means before meals

ad lib. means freely, at pleasure

b.i.d. means two times a day

FRAME 34

<u>Term or Abbreviation</u>	<u>Meaning</u>
c	with
cap	capsule
d.t.d.	give of such doses
disp.	dispense
divid.	divide
et	and
ft.	make, let it be made

**Question:**

cap means \_\_\_\_\_

c means \_\_\_\_\_

d.t.d. means \_\_\_\_\_

et means \_\_\_\_\_

Meaning

Answers:

**Answer:**

cap means capsule

c means with

d.t.d. means give of such doses

et means and

FRAME 35

<u>Term or Abbreviation</u>	<u>Meaning</u>
ft. unq.	make an ointment
filt.	filter
gr.	grain
gtt	drop
h. (hor.)	hour
h.s. (hor. som.)	at bedtime, at the hour of sleep
inj.	injection
inter.	between
lotio	lotion

**Question:**

ft. unq. means \_\_\_\_\_

gr. means \_\_\_\_\_

gtt means \_\_\_\_\_

h.s. (hor. som.) means \_\_\_\_\_

inj. means \_\_\_\_\_

**Answer:**

ft. unq. means make an ointment

gr. means grain

gtt means drop

h.s. (hor. som.) means at bedtime, at the hour of sleep

inj. means injection

FRAME 36

<u>Term or Abbreviation</u>	<u>Meaning</u>
M.	mix
m. dict	as directed
N.R. (non rep.)	do not repeat, no refill
no.	number
O.	a pint

**Question:**

M. means \_\_\_\_\_

m. dict. means \_\_\_\_\_

N.R. (non rep.) means \_\_\_\_\_

no. means \_\_\_\_\_

O. means \_\_\_\_\_

**Answer:**

M. means mix

m. dict. means as directed

N.R. (non rep.) means do not repeat, no refill

number

a pint

FRAME 37

<u>Term or Abbreviation</u>	<u>Meaning</u>
O.D.	right eye
O.S.	left eye
O.U.	both eyes
oz.	ounce
p.c.	after meals
p.o.	by mouth
p.r.n.	if needed, as needed

**Question:**

O.D. means \_\_\_\_\_

O.S. means \_\_\_\_\_

O.U. means \_\_\_\_\_

p.c. means \_\_\_\_\_

p.o. means \_\_\_\_\_

p.r.n. means \_\_\_\_\_

**Answer:**

O.D. means right eye  
 O.S. means left eye  
 O.U. means both eyes  
 p.c. means after meals  
 p.o. means by mouth  
 p.r.n. means if needed, as needed

FRAME 38

<u>Term or Abbreviation</u>	<u>Meaning</u>
q.	every
q.d.	every day, daily
q.o.d.	every other day
q.i.d.	four times a day
q.s.	a sufficient quantity
q.s.ad	a sufficient quantity up to
R <sub>x</sub>	recipe, take thou
— s	without
sig.	write, label

**Question:**

q. means \_\_\_\_\_  
 q.d. means \_\_\_\_\_  
 q.o.d. means \_\_\_\_\_  
 q.i.d. means \_\_\_\_\_  
 q.s. means \_\_\_\_\_  
 q.s.ad means \_\_\_\_\_  
 —  
 s means \_\_\_\_\_

**Answer:**

q. means every  
 q.d. means every day, daily  
 q.o.d. means every other day  
 q.i.d. means four times a day  
 q.s. means a sufficient quantity  
 q.s. ad means a sufficient quantity up to  
 —  
 s means without

FRAME 39

<u>Term or Abbreviation</u>	<u>Meaning</u>
ss	one half
S.V.R.	alcohol (95% ethyl alcohol)
S.V.T.	diluted alcohol
stat	immediately, now
t.	three
t.i.d.	three times a day
ung.	ointment
ut dict. (u.d.)	as directed

**Question:**

ss means \_\_\_\_\_

stat means \_\_\_\_\_

t.i.d. means \_\_\_\_\_

ung. means \_\_\_\_\_

ut dict. (u.d.) means \_\_\_\_\_

**Answer:**

ss means one half  
 stat means immediately, now  
 t.i.d. means three times daily  
 ung. means ointment  
 ut dict. (u.d.) means as directed

FRAME 40 (REVIEW QUESTIONS)

aa \_\_\_\_\_

ad lib \_\_\_\_\_

b.i.d \_\_\_\_\_

c \_\_\_\_\_

et \_\_\_\_\_

gr \_\_\_\_\_

gtt \_\_\_\_\_

h.s \_\_\_\_\_

N.R. (non rep.) \_\_\_\_\_

O.D \_\_\_\_\_

O.S \_\_\_\_\_

O.U \_\_\_\_\_

p.c \_\_\_\_\_

p.o \_\_\_\_\_

p.r.n \_\_\_\_\_

q.s \_\_\_\_\_

q.s.ad \_\_\_\_\_

q.i.d \_\_\_\_\_

q.o.d \_\_\_\_\_

—  
s \_\_\_\_\_

ss \_\_\_\_\_

t.i.d. \_\_\_\_\_

FRAME 41 (Answers to Review Questions)

**Answer:**

of each

freely, at pleasure

two times a day

with

and

grain

drop

at bedtime, at the hour  
of sleep

do not repeat, no refill

right eye

left eye

both eyes

after meals

by mouth

if needed, as needed

a sufficient quantity

a sufficient quantity up  
to

four times a day

every other day

without

one half

three times a day

FRAME 42

Exact translation of Latin terms and abbreviations is mandatory. However, to make directions completely clear to the patient, appropriate action verbs (e.g., take, apply, instill, etc.) must be included. The list of dosage forms and associated action verbs below will assist you in formulating clear, concise instructions to the patient.

Dosage Form	Appropriate Action Verb
tablet	take
tablet (vaginal)	insert
capsule	take
solution (internal)	take
solution (external)	apply
ointment	apply
ointment (vaginal)	insert
cream	apply
cream (vaginal)	insert
lotion	apply
suspension (internal)	take
suspension (external)	apply
suppository	insert
emulsion (internal)	take
emulsion (external)	apply
elixir	take
eye, ear or nose preparations	instill or place

<p>FRAME 43</p> <p><b>Question:</b></p> <p>A signa for a tablet preparation, when properly translated for a patient, should begin _____.</p> <p>A signa for an external suspension, when properly translated for a patient, should begin _____.</p> <p>A signa for a suppository, when properly translated for a patient, should begin _____.</p>	
	<p><b>Answer:</b></p> <p>A signa for a tablet preparation, when properly translated for a patient, should begin <u>take</u>.</p> <p>A signa for an external suspension, when properly translated for a patient, should begin <u>apply</u>.</p> <p>A signa for a suppository, when properly translated for a patient, should begin <u>insert</u>.</p>

FRAME 44

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (if under 12 years, give age.)				
<i>Cassie Smith, Age 6</i>				
<i>Dep / 57C Charles Smith</i>				
<i>654 Funston Place</i>				
<i>San Antonio, TX 255-4306</i>				
MEDICAL FACILITY			DATE	
<i>Alamo Army Hosp</i>			<i>23 April 2000</i>	
<b>R<sub>x</sub></b>		Gm. or ml.		
<i>Aspirin Tablets</i>				
<i>1 1/4 grain</i>				
<i>#36</i>				
<i>Sig: <math>\bar{\text{iv}}</math> tabs p.o. q 4 hr</i>				
MFGR: <i>Bayer</i>	EXP DATE: <i>12/04</i>			
LOT NO: <i>347A</i>	FILLED BY: <i>CWT</i>			
<i>11113</i>	<i>James Howard</i>			
<small>R<sub>x</sub> NUMBER</small>	<small>SIGNATURE RANK AND DEGREE</small>			
<i>11113</i>	<i>17C M.D.</i>			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

Is this prescription for an adult? \_\_\_\_\_

How do you know? \_\_\_\_\_

This signa is best translated to read:  
\_\_\_\_\_

**Answer:**

No.

The prescriber specified the patient's age in the patient identification section.

Take 4 tablets by mouth

FRAME 45

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (if under 12 years, give age.)				
Alex Johnson, Age 9 Dep / SFC Fred Johnson 2150 Austin Highway San Antonio, TX 221-6304				
MEDICAL FACILITY Alamo Army Hosp			DATE 14 March 2000	
<b>Rx</b>				
Donnatal Elixir				
Disp: 8 ounces				
Sig: ss tsp. p.o. q 6h p.r.n.				
Gm. or ml.				
N.R.				
MFGR: A. H. Robins		EXP DATE: 4/03		
LOT NO: 1472		FILLED BY: CWT		
111114		Greg Powers		
Rx NUMBER		CPT, M.D.		
SIGNATURE, RANK AND DEGREE				
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

This signa is best translated to read:

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take one-half  
teaspoonful by mouth  
every 6 hours as  
needed.

FRAME 46

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
		DOD PRESCRIPTION		
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
SP6 Austin Travis Company B, 3rd BN AHS Ft Sam Houston, TX 221-6104				
MEDICAL FACILITY		DATE		
Alamo Army Hosp		23 Apr 00		
<b>Rx</b>		Gm. or ml.		
Ampicillin Suspension		250mg/5ml		
Disp: 200 ml				
Sig: $\dot{\bar{i}}$ tsp p.o. q.i.d.				
MFGR: Pure Pac Pharm		EXP DATE: 5/02		
LOT NO: 30106		FILLED BY: CWT		
111115		Gerry McKeegan		
<small>Rx NUMBER</small>		<small>SIGNATURE, RANK AND DEGREE</small>		
		LTC, M.D.		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

This signa is best translated to read:

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 teaspoonful by mouth 4 times daily.

FRAME 47

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
FOR (Full name, address & phone number.)		DOD PRESCRIPTION (If under 12 years, give age.)	
LTC Howard Robinson 3 Spring Street San Antonio, TX 616-3019			
MEDICAL FACILITY Alamo Army Hosp		DATE 23 Mar 00	
<b>R<sub>x</sub></b>		<i>Gm. or ml.</i>	
Penicillin VK Tabs #40		250	
Sig: $\dot{\bar{\text{T}}}$ p.o. q.i.d. x 10 days			
MFGR: Lilly	EXP DATE: 1/02		
LOT NO: 16Z144	FILLED BY: CWT		
111116	John Harrod		
<b>R<sub>x</sub></b> NUMBER	SIGNATURE, RANK, AND DEGREE MAJ, M.D.		
<b>SAMPLE</b>		<b>SAMPLE</b>	

EDITION OF 1 JAN 60 MAY BE USED.

**Question:**

This signa is best translated to read: \_\_\_\_\_  
\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 tablet by mouth  
4 times daily for 10  
days.

FRAME 48

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number. )		( If under 12 years, give age. )	
<p><b>PFC James Martin</b>  <b>1306 Windmill</b>  <b>San Antonio, TX</b>                      <b>655-8789</b></p>			
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>13 Apr 00</i>	
<p><b>R<sub>x</sub></b>  <b>Codeine SO<sub>4</sub> tabs</b>  <b>#12 (Twelve)</b>  <b>Sig: † p.o. q 6 h p.r.n. pain</b></p>		<p>Gm. or ml.  <b>032</b></p>	
MFGR: <i>Chase</i>	EXP DATE: <i>1/02</i>		
LOT NO: <i>H016</i>	FILLED BY: <i>CWT</i>		
<i>11117</i> R <sub>x</sub> NUMBER	<i>Alfred Boggs, MAJ, MD</i> <b>ALFRED BOGGS, 143-46-1011</b> SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED.                      SAMPLE			

**Question:**

Codeine SO<sub>4</sub> (codeine sulfate) is a controlled substance. Has the prescriber been identified properly? \_\_\_\_\_

Explain \_\_\_\_\_

This signa is best translated to read: \_\_\_\_\_

**Answer:**

Yes.

In addition to signature and branch of service, the physician's printed name and SSN is on the prescription.

Take 1 tablet by mouth every 6 hours as needed for pain.

FRAME 49

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
Maj John Morton 1203 Broadway Ave San Antonio, TX 223-1043				
MEDICAL FACILITY Alamo Army Hosp			DATE 14 Apr 00	
<b>Rx</b> <span style="float: right;">Gm. or ml.</span>				
Kwell Shampoo 1 bottle				
Sig: ut dict.				
MFGR Reed & Carnrick		EXP DATE: 10/00		
LOT NO: 2X3941		FILLED BY: JWT		
111118		Paul Mosby		
<b>Rx</b> NUMBER		SIGNATURE, RANK AND DEGREE CPT, M.D.		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read: Use as directed.

FRAME 50

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number.) ( If under 12 years, give age.)			
LTC John Williams 12 Artillery Post Road Ft Sam Houston, TX 216-1101			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00	
$\mathcal{R}$ Thorazine Tablets #12		Gm. or ml. 025	
Sig: $\dagger$ p.o. q 6 h			
MFGR: S, K & F		EXP DATE: 5/04	
LOT NO: 1Z1134		FILLED BY: CWT	
111119 $\mathcal{R}$ NUMBER		Thomas Northcott COL, M.D. SIGNATURE, RANK AND DEGREE	
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

The strength of the Thorazine tablets is: \_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

0.025 gram.

Take 1 tablet by mouth every 6 hours.

FRAME 51

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Howard Davidson, Age 7 106 Austin Highway San Antonio, TX 222-2737			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Apr 00	
Rx Cleocin Pediatric 75mg/5ml Disp: 150 ml Sig: ss tsp p.o. q.i.d. for 10 days		gm. or ml.	
MFGR: Upjohn	EXP DATE: 12/00		
LOT NO: 121742	FILLED BY: CWT		
111120 Rx NUMBER	David Scott LTC, M.D. SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>	

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take one-half  
teaspoonful by mouth  
4 times daily for ten  
days.

FRAME 52

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>																
DOD PRESCRIPTION																			
FOR ( Full name, address & phone number.) (If under 12 years, give age.)																			
<b>CPT Ed Mullenax</b> <b>13 Raven Place</b> <b>Alamo Heights, TX</b> <span style="float: right;">822-1200</span>																			
MEDICAL FACILITY <b>Alamo Army Hosp</b>			DATE <b>6 April 00</b>																
<table border="1" style="width: 100%;"> <tr> <td style="width: 5%;"><b>R<sub>x</sub></b></td> <td style="width: 85%;"></td> <td style="width: 10%; text-align: center;"><i>Gm. or ml.</i></td> </tr> <tr> <td></td> <td>Olive Oil</td> <td style="text-align: center;">30</td> </tr> <tr> <td></td> <td>Limewater</td> <td style="text-align: center;">30</td> </tr> <tr> <td colspan="3" style="text-align: center;">Ft. Emulsion</td> </tr> <tr> <td colspan="3" style="text-align: center;">Sig: Apply q.i.d. p.r.n.</td> </tr> </table>					<b>R<sub>x</sub></b>		<i>Gm. or ml.</i>		Olive Oil	30		Limewater	30	Ft. Emulsion			Sig: Apply q.i.d. p.r.n.		
<b>R<sub>x</sub></b>		<i>Gm. or ml.</i>																	
	Olive Oil	30																	
	Limewater	30																	
Ft. Emulsion																			
Sig: Apply q.i.d. p.r.n.																			
MFGR: <b>AAH</b>		EXP DATE: <b>6 Apr 02</b>																	
LOT NO: <b>12151A</b>		FILLED BY: <b>CWT</b>																	
111121 <small>R<sub>x</sub> NUMBER</small>		<b>Paul Kaster</b> <small>SIGNATURE RANK AND DEGREE</small> <b>CPT, M.D.</b>																	
<small>SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE</small>																			

**Question:**

The subscription of this prescription tells you to: \_\_\_\_\_

\_\_\_\_\_

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

The subscription of this prescription tells you to: make an emulsion.

This signa is best translated to read: Apply 4 times daily as needed.

FRAME 53

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
COL Thomas Brady 101 Commander's Row Ft Sam Houston, TX 216-3014			
MEDICAL FACILITY	DATE		
Alamo Army Hosp	28 Apr 00		
<b>Rx</b>		Gm. or ml.	
Lanolin		25	
Oleo vitamin A&D		10	
White Petrolatum		100	
Ft. UNG			
Sig: Apply h.s. p.r.n.			
MFG	Alamo Army Hosp	EXP DATE: 28 Apr 02	
LOT NO:	21664D	FILLED BY: JWT	
111122		David Anderson	
Rx NUMBER	SIGNATURE, RANK AND DEGREE		
LTC, MD			
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

**Question:**

The subscription of this prescription tells you to: \_\_\_\_\_

\_\_\_\_\_

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

The subscription of this prescription tells you to: Make an ointment.

This signa is best translated to read: Apply at bedtime as needed.

FRAME 54

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SP4 Alton McCormick Company C, 3rd BN AHS 631-0144			
MEDICAL FACILITY Alamo Army Hosp		DATE 28 Apr 00	
<b>R<sub>x</sub></b> Benadryl Elixir 4 ounces		Gm. or ml. 12.5 mg/ 5 ml	
Sig: † Teaspoonful p.o. q.i.d.			
To Be Filled only at Alamo Army Hospital Pharmacy.			
N.R.			
MFGR: Parke-Davis	EXP DATE: 6/01		
LOT NO: 12A	FILLED BY: CWT		
111123	John Franklin		
<b>R<sub>x</sub></b> NUMBER	WO3, P.A. SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		<b>SAMPLE</b>	
EDITION OF 1 JAN 60 MAY BE USED.			

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 teaspoonful by mouth 4 times daily.

FRAME 55

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number.) (If under 12 years, give age.)			
<i>MAJ Alice Newton</i> <i>10805 Navarro Way</i> <i>Castle Hills, TX 654-3091</i>			
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>18 Mar 00</i>	
<b>Rx</b> <i>Tetracycline HCl Caps</i> <i>#40</i>		Gm. or ml. <i>250</i>	
<i>Sig: † cap p.o. q.i.d.</i>			
MFGR: <i>Purepac</i>	EXP DATE: <i>6/03</i>		
LOT NO: <i>1X643</i>	FILLED BY: <i>PWT</i>		
<i>111124</i> Rx NUMBER	<i>Albert Halverson</i> SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 capsule by mouth 4 times daily.

FRAME 56

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)		(if under 12 years, give age.)		
MSG Carl Hellmich		221-6304		
Co B, 3rd BN				
AHS				
MEDICAL FACILITY Alamo Army Hosp		DATE 10 Apr 00		
<b>R<sub>x</sub></b>		Gm. or ml.		
Ornade Capsules				
#20				
Sig: † cap p.o. q 12 h				
NR				
MFGR: S.K.&F	EXP DATE: 12/01			
LOT NO: AC304	FILLED BY: CWT			
111125	Alex Robinson			
<b>R<sub>x</sub></b> NUMBER	SIGNATURE, RANK AND DEGREE			
SAMPLE	EDITION OF 1 JAN 60 MAY BE USED.	SAMPLE		

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 capsule by mouth every 12 hours.

FRAME 57

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
<i>PFC Michael Jameson</i>				
<i>Co D, 3 BN</i>				
<i>AHS</i>				
<i>221-6014</i>				
MEDICAL FACILITY		DATE		
<i>Alamo Army Hosp</i>		<i>23 Mar 00</i>		
<b>Rx</b>		Gm. or ml.		
<i>Aspirin Tablets</i>		<i>325</i>		
<i>Disp # 25</i>				
<i>Sig: <math>\ddot{\text{ii}}</math> p.o. q 4h</i>				
<i>"To Be Filled Only at Alamo Army Hospital Pharmacy"</i>				
MFGR:	<i>Upjohn</i>	EXP DATE:	<i>8/04</i>	
LOT NO:	<i>4063A</i>	FILLED BY:	<i>CW7</i>	
<b>Rx</b> NUMBER	<i>111126</i>	SIGNATURE, RANK AND DEGREE		
		<i>Constance Mays</i>		
		<i>MAJ, AMSC, P7</i>		
<b>SAMPLE</b>		<b>SAMPLE</b>		

**Question:**

The strength of the aspirin tablets dispensed is:

\_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

The strength of the aspirin tablets dispensed is 0.325 gram.

This signa is best translated to read: Take 2 tablets by mouth every 4 hours.

FRAME 58

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
Dorothy Aldo 1212 Pierce Ft Sam Houston, TX 221-6310				
MEDICAL FACILITY Alamo Army Hosp			DATE 8 Apr 00	
<b>R<sub>x</sub></b>		Gm. or ml.		
Oxytetracycline HCl Capsules #40		250		
Sig: $\dot{\bar{\text{T}}}$ p.o. q.i.d.				
MFGR: Purepac		EXP DATE: 3/01		
LOT NO: 10X10		FILLED BY: JWT		
111127		Harold Jones, M.D.		
<b>R<sub>x</sub></b> NUMBER		SIGNATURE, RANK AND DEGREE		
SAMPLE		EDITION OF 1 JAN 60 MAY BE USED. SAMPLE		

**Question:**

The oxytetracycline capsules dispensed to this patient were manufactured by \_\_\_\_\_ and expire \_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

manufactured by Purepac expires 3/01.

Signa reads: Take 1 capsule by mouth 4 times daily.

FRAME 59

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SPS Gary Edwards 1105 Wildwood Dr San Antonio, TX			
MEDICAL FACILITY		DATE	
Alamo Army Hosp		13 Apr 00	
℞		Gm. or ml.	
Gantrisin Tablets #112		500	
Sig: 4 p.o. initially, then ii p.o. q.i.d. until all are taken.			
MFGR: Roche	EXP DATE: 1/01		
LOT NO: 11A61	FILLED BY: CWT		
111128	Ben Campbell		
℞ NUMBER	SIGNATURE, RANK AND DEGREE		
	CPT, M.D.		
SAMPLE		SAMPLE	

**Question:**

The initials of the person who filled this prescription are \_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_  
\_\_\_\_\_

**Answer:**

The initials of the person who filled this prescription are CWT.

This signa is best translated to read:  
Take 4 tablets by mouth initially, then take 2 tablets by mouth 4 times daily until all are taken.

FRAME 60

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)		(If under 12 years, give age.)		
<i>SFC P. D. Moran</i>				
<i>5106 Roundtable</i>				
<i>Roundrock, TX</i>				<i>910-1630</i>
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>1 Mar 00</i>		
<b>R<sub>x</sub></b>		Gm. or ml.		
<i>Mandelamine Tabs</i>		<i>1 00</i>		
<i>#100</i>				
<i>Sig: † p.o. t.i.d.</i>				
<b>NR</b>				
MFGR: <i>W. Chilcott</i>	EXP DATE: <i>4/01</i>			
LOT NO: <i>221A</i>	FILLED BY: <i>CW1</i>			
<i>111129</i>	<i>Alton Thompson</i>			
<b>R<sub>x</sub></b> NUMBER	SIGNATURE, RANK AND DEGREE			
<b>SAMPLE</b>	EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>	

**Question:**

The strength of the Mandelamine tablets is \_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

The strength of the Mandelamine tablets is 1.0 gram.

This signa is best translated to read: Take 1 tablet by mouth three times a day.

FRAME 61

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
Janet Browning 10 Poet Place San Antonio, TX				
MEDICAL FACILITY Alamo Army Hosp			DATE 18 Apr 00	
℞		Gm. or ml.		
Triavil Tablets		Z-10		
#120				
Sig: † Tab p.o. t.i.d.				
N.R.				
MFGR: MSD		EXP DATE: 9/02		
LOT NO: 10X10		FILLED BY: CWT		
111130		Gerald James		
℞ NUMBER		SIGNATURE, RANK AND DEGREE		
SAMPLE		SAMPLE		
EDITION OF 1 JAN 60 MAY BE USED.				

**Question:**

May this prescription be refilled? \_\_\_\_\_ Why/why not?

This signa is best translated to read: \_\_\_\_\_

**Answer:**

refilled? No.  
The prescriber  
indicated N.R., which  
means do not repeat or  
no refill.

Signa reads:  
Take 1 tablet by mouth  
three times day.

FRAME 62

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
MAJ Ethan Page 15362 Minuteman San Antonio, TX 653-1811			
MEDICAL FACILITY Alamo Army Hosp		DATE 14 Mar 00	
<b>R<sub>x</sub></b> Dilantin Caps #120		Gm. or ml. 100mg	
Sig: † p.o. t.i.d.			
MFGR Parke - Davis	EXP DATE: 1/02		
LOT NO: 4113A	FILLED BY: CWT		
<b>R<sub>x</sub></b> NUMBER 111131	SIGNATURE, RANK AND DEGREE Adam Johnson LTC, MD		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

This prescription was written at:

\_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This prescription was written at Alamo Army Hospital.

This signa is best translated to read: Take 1 capsule by mouth three times daily.

FRAME 63

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)		(If under 12 years, give age.)		
<i>Mrs. E. H. Chase</i>				
<i>1061 Pinn Rd</i>				
<i>San Antonio, TX</i>		<i>655-4101</i>		
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>28 Mar 00</i>		
<i>R<sub>x</sub></i>		Gm. or ml.		
<i>Cordram Cream 1/2 strength</i>				
<i>15 gm</i>				
<i>Sig: Apply b.i.d. to affected area</i>				
MFGR: <i>Dista</i>	EXP DATE: <i>9/01</i>			
LOT NO: <i>X10A3</i>	FILLED BY: <i>CW7</i>			
<i>11132</i>	<i>Daimler Reynolds</i>			
<i>R<sub>x</sub></i> NUMBER	SIGNATURE, RANK AND DEGREE <i>M.D., M.D.</i>			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>		

**Question:**

This prescription was issued to:

\_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This prescription was issued to Mrs. E. H. Chase.

This signa is best translated to read: Apply two times a day to the affected area.

[Return to Table of Contents](#)

## LESSON ASSIGNMENT

<b>LESSON 1</b>	Interpretation of a Prescription Form (DD Form 1289).
<b>TEXT ASSIGNMENT</b>	The programmed text.
<b>TASKS TAUGHT</b>	081-824-0001, Perform initial screening of a prescription. 081-824-0002, Fill a prescription for a non-controlled drug. 081-824-0003, Fill a prescription for a controlled drug. 081-824-0004, Fill a prescription to be compounded. 081-824-0005, Label a prescription. 081-824-0006, Refill a prescription. 081-824-0007, File a prescription.
<b>LESSON OBJECTIVES</b>	After completing this lesson, you should be able to:  1-1. Given several form numbers, select the form number used as the approved one-item prescription form at all Army medical treatment facilities.  1-2. Given a Latin term or abbreviation that may appear on a prescription and a list of meanings, select the meaning of that term or abbreviation.  1-3. Given a completed one-item prescription for (DD Form 1289) and a list of alternative responses, select the following information from the prescription: The name of the patient, the address of the patient, the prescribed medication to be dispensed, the directions to the patient, refill information, and/or the name rank of the prescriber.

## INTRODUCTION TO LESSON 1

Lesson 1 is written in the form of a programmed text. It is divided into three parts. First, the prescription blank (DD 1289) is explained in detail. Then, the language of the prescription (pharmaceutical Latin) is presented. Finally, practice exercises are provided to develop your skills in prescription interpretation.

Since the lesson is in the form of a programmed text, you will be expected to answer several questions at the end of each segment of information. These questions will seem easy, and you will find that by answering them carefully, yet quickly, you are able to progress rapidly through the text. The correct answers are provided in the gray area to the right of the questions. If you discover that you have made an error in answering a question, read the information preceding it again to see where you made your mistake. Then, go on to the next segment.

FRAME 1

DD Form 1289 (Department of Defense Prescription) is the approved one-item form used at Army medical treatment facilities.

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
℞		Gm. or ml.		
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
℞ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

The approved one-item prescription form used at Army medical treatment facilities is DD Form \_\_\_\_\_.

**Answer:**

The approved one-item prescription form used at Army medical treatment facilities is DD Form 1289.

FRAME 2

There are eight major parts to each prescription. The first of these parts, Block 1, contains the information which identifies the patient. It will have the full name and address or telephone number of the patient. On prescriptions for children twelve years of age and under, AR 40-3 recommends that the child's age be written on the form.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.)			( If under 12 years, give age.)	
<b>BLOCK 1</b>				
MEDICAL FACILITY			DATE	
℞		<i>Gm. or ml.</i>		
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
℞ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

Patient information found in Block 1 above includes the patient's \_\_\_\_\_ and address or \_\_\_\_\_.

**Answer:**

Patient information found in Block 1 above includes the patient's name and address or telephone number.

FRAME 3

### Section I. THE PRESCRIPTION FORM

The One-Item Prescription (DD Form 1289)  
DD Form 1289 (Department of Defense Prescription) is the  
approved one-item form used at Army medical treatment

facilit  
ies.

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> <b>1289</b>	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.)		(If under 12 years, give age.)	
MEDICAL FACILITY	DATE		
<i>Rx</i>	Gm. or ml.		
MFGR:	EXP DATE:		
LOT NO:	FILLED BY:		
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>	EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>

**Question:**

The approved one-item prescription form used at Army  
medical treatment facilities is DD Form \_\_\_\_\_.

**Answer:**  
DD Form 1289.

FRAME 4

There are eight major parts to each prescription. The first of these parts, Block 1, contains the information which identifies the patient. It will have the full name and address or telephone number of the patient. On prescriptions for children twelve years of age and under, AR 40-3 recommends that the child's age be written on the form.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.)			( If under 12 years, give age.)	
<b>BLOCK 1</b>				
MEDICAL FACILITY			DATE	
$\mathcal{R}$		<i>Gm. or ml.</i>		
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
$\mathcal{R}$ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

Patient information found in Block 1 above includes the patient's \_\_\_\_\_ and address or \_\_\_\_\_.

**Answer:**

Patient information found in Block 1 above includes the patient's name and address or telephone number.

FRAME 5

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
<p>SFC John P. Taylor          1363 Soldier Road          Ft Sam Houston, TX          221-6453</p>				
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00		
<p><b>Rx</b>          Aldomet Tablets          Disp: 120          Sig: <math>\dot{\bar{i}}</math> p.o. QID</p>				<p>Gm. or ml.          5</p>
MFGR: MSD	EXP DATE: 7/03			
LOT NO: 1148A	FILLED BY: CWT			
001022	James Dean			
Rx NUMBER	SIGNATURE, RANK AND DEGREE CPT, M.D.			
<b>SAMPLE</b>		<b>SAMPLE</b>		

Prescription Number

**Question:**

Prescription 1022 is to be dispensed to

\_\_\_\_\_.

**Answer:**

Prescription No. 1022 is to be dispensed to SFC John P. Taylor.

FRAME 6

The second part of the prescription form, Block 2, identifies the medical facility where the prescription was written. It may also contain the name of the clinic or department at that facility.

<i>SAMPLE</i>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<i>SAMPLE</i>	
FOR ( Full name, address & phone number.)		(If under 12 years, give age.)		
MEDICAL FACILITY		DATE		
<b>BLOCK 2</b>				
<i>Rx</i>		Gm. or ml.		
MFGR:		EXP. DATE:		
LOT NO:		FILLED BY:		
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE		
<i>SAMPLE</i>		EDITION OF 1 JAN 60 MAY BE USED. <i>SAMPLE</i>		

**Question:**

Block 2 identifies the \_\_\_\_\_ where the prescription was written.

**Answer:**

Block 2 identifies the medical facility where the prescription was written.

FRAME 7

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453				
MEDICAL FACILITY Alamo Army Hosp			DATE 6 Mar 00	
<i>Rx</i>  Aldomet Tablets Disp: 120 Sig: † p.o. QID			Gm. or ml.  5	
MFGR: MSD		EXP DATE: 7/03		
LOT NO: 1148A		FILLED BY: CWT		
001022		James Dean		
Rx NUMBER		SIGNATURE, RANK AND DEGREE CPT, MD		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

Prescription 1022 was written at \_\_\_\_\_  
\_\_\_\_\_.

**Answer:**

Prescription No. 1022 was written at Alamo Army Hospital.

FRAME 8

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6			
198 Jamison Place			
Ft Sam Houston, TX			
221-6519			
MEDICAL FACILITY		DATE	
Dewitt Army Hosp		3 Apr 00	
<b>R<sub>x</sub></b>		gm. or ml.	
Dimetapp Elixir			
Disp: 4 ounces			
Sig: † tsp p.o. QID			
MFGR: A.H. Robins	EXP DATE: 3/04		
LOT NO: 1462	FILLED BY: CWT		
001043	Charles Edwards		
<small>R<sub>x</sub> NUMBER</small>	<small>SIGNATURE, RANK, GRADE, DEGREE</small>		
	<b>MAJ, M.D.</b>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

Prescription 1043 was written at \_\_\_\_\_  
\_\_\_\_\_.

**Answer:**

Prescription No. 1043 was written at DeWitt Army Hospital.

FRAME 9

Prescriptions shall be dated as of the day they are written.  
This information is found in Block 3.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.)			(If under 12 years, give age.)	
MEDICAL FACILITY			DATE	
			<b>BLOCK 3</b>	
$\mathcal{R}$		Gm. or ml.		
MFGR:		EXP. DATE:		
LOT NO:		FILLED BY:		
$\mathcal{R}$ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

Block 3 tells what \_\_\_\_\_ the prescription was written.

**Answer:**

Block 3 tells what date the prescription was written

FRAME 10

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453				
MEDICAL FACILITY Alamo Army Hosp			DATE 6 Mar 00	
R <sub>x</sub> Aldomet Tablets Disp: 120 Sig: † p.o. QID			Gm. or ml. 5	
MFGR: MSD		EXP DATE: 7/03		
LOT NO: 1148A		FILLED BY: CWT		
001022 R <sub>x</sub> NUMBER		James Dean CPT, M.D. SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

Prescription 1022 was written on \_\_\_\_\_.

**Answer:**

Prescription 1022 was written on 6 March 2000.

FRAME 11

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.)		(If under 12 years, give age.)	
Mary Johnson, Age 6			
196 Jamison Place			
Ft Sam Houston, TX			
221-0519			
MEDICAL FACILITY	DATE		
Dewitt Army Hosp	3 Apr 00		
<b>R</b>		gm. or ml.	
Dimetapp Elixir			
Disp: 4 ounces			
Sig: $\dot{\bar{i}}$ tsp p.o. QID			
MFGR: A.H. Robins	EXP DATE: 3/04		
LOT NO: 1462	FILLED BY: CWT		
001043	Charles Edwards		
<small>Rx</small> NUMBER	SIGNATURE, F.A.M.D. DEGREE		
SAMPLE		SAMPLE	
<small>EDITION OF 1 JAN 60 MAY BE USED.</small>			

**Question:**

Prescription 1043 was written on \_\_\_\_\_.

**Answer:**

Prescription 1043 was written on 3 April 2000.

FRAME 12

An important part of the prescription consists of one line, as shown in Block 4. This is the metric line. It serves as a decimal point when quantities or strengths are prescribed using the metric system. If the drug or chemical is a solid, the unit of weight specified by the metric line will be grams. If it is a liquid, the unit of measure will be milliliters.

<b>SAMPLE</b>		DD FORM NOV 71 1289	<b>SAMPLE</b>	
		DOD PRESCRIPTION		
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
℞		Gm. or ml.		
		BLOCK 4		
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
℞ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>		

**Question:**

The metric line serves as a \_\_\_\_\_ when quantities or strengths are prescribed using the metric system.

**Answer:**

The metric line serves as a decimal point when quantities or strengths are prescribed using the metric system.

FRAME 13

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
<i>Rx</i>				
A solid			<i>Gm. or ml.</i> 1 5	
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

The prescription calls for \_\_\_\_\_ of a solid.

**Answer:**

This prescription calls for 1.5 grams of a solid.

FRAME 14

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
<i>Rx</i>		<i>Gm. or ml.</i>		
<i>A liquid</i>		<i>4</i>	<i>8</i>	
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

This prescription calls for \_\_\_\_\_ of a liquid.

**Answer:**

This prescription calls for 4.8 milliliters of a liquid.

FRAME 15

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>																		
FOR ( Full name, address & phone number.) (If under 12 years, give age.)																					
CPT Robert Wallace 1025 Barrington Ft Sam Houston, TX 221-6304																					
MEDICAL FACILITY Alamo Army Hosp			DATE 4 March 2000																		
<table border="1"> <tr> <td rowspan="4"><b>R<sub>x</sub></b></td> <td></td> <td colspan="2">Gm. or ml.</td> </tr> <tr> <td>Menthol crystals</td> <td>10</td> <td>0</td> </tr> <tr> <td>Ethyl alcohol</td> <td>80</td> <td>0</td> </tr> <tr> <td>Dist. H<sub>2</sub>O</td> <td></td> <td></td> </tr> <tr> <td></td> <td>q.s.a.d.</td> <td>120</td> <td>0</td> </tr> </table>					<b>R<sub>x</sub></b>		Gm. or ml.		Menthol crystals	10	0	Ethyl alcohol	80	0	Dist. H <sub>2</sub> O				q.s.a.d.	120	0
<b>R<sub>x</sub></b>		Gm. or ml.																			
	Menthol crystals	10	0																		
	Ethyl alcohol	80	0																		
	Dist. H <sub>2</sub> O																				
	q.s.a.d.	120	0																		
MFGR:	EXP DATE:																				
LOT NO:	FILLED BY:																				
	Harold Jones																				
<b>R<sub>x</sub></b> NUMBER	SIGNATURE, RANK AND DEGREE MAL MD																				
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>																					

**Question:**

How much of each ingredient is called for in this prescription? (specify units)

Menthol crystals \_\_\_\_\_

Ethyl Alcohol \_\_\_\_\_

Distilled Water \_\_\_\_\_

**Answer:**

Menthol crystals 10  
grams (a solid)

Ethyl Alcohol 80  
milliliters (a liquid)

Distilled Water q.s.a.d.  
120 milliliters (a liquid)

FRAME 16

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>																						
FOR (Full name, address & phone number.) (If under 12 years, give age.)																									
Alice Jones 632 Funston Place Ft Sam Houston, TX 222-3010																									
MEDICAL FACILITY Alamo Army Hospital			DATE 30 April 00																						
<table border="1"> <tr> <td rowspan="5" style="vertical-align: top;"><b>R<sub>x</sub></b></td> <td></td> <td colspan="3" style="text-align: center;"><i>gm. or ml.</i></td> </tr> <tr> <td>Sulfur</td> <td style="text-align: center;">12</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>Zinc Oxide</td> <td style="text-align: center;">12</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>Talc</td> <td style="text-align: center;">12</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>Lotion base</td> <td style="text-align: center;">q.s.</td> <td style="text-align: center;">120</td> <td style="text-align: center;">0</td> </tr> </table>					<b>R<sub>x</sub></b>		<i>gm. or ml.</i>			Sulfur	12	0		Zinc Oxide	12	0		Talc	12	0		Lotion base	q.s.	120	0
<b>R<sub>x</sub></b>		<i>gm. or ml.</i>																							
	Sulfur	12	0																						
	Zinc Oxide	12	0																						
	Talc	12	0																						
	Lotion base	q.s.	120	0																					
MFGR:	EXP DATE:																								
LOT NO:	FILLED BY:																								
		Howard Maize M.D.																							
<small>R<sub>x</sub> NUMBER</small>		<small>SIGNATURE, RANK AND DEGREE</small>																							
<small>SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE</small>																									

**Question:**

How much of each ingredient is called for in this prescription? (specify units)

Sulfur \_\_\_\_\_  
 Zinc Oxide \_\_\_\_\_  
 Talc \_\_\_\_\_  
 Lotion Base \_\_\_\_\_

**Answer:**

Sulfur 12 grams ( a solid)  
 Zinc Oxide 12 grams (a solid)  
 Talc 12 grams (a solid)  
 Lotion Base q.s.120 milliliters (a liquid)

FRAME 17

The largest part of the prescription, Block 5, is divided into four subparts: the superscription, inscription, subscription, and the signa. Together they form the body of the prescription.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
<i>Rx</i> _____ <i>Gm. or ml.</i>		<b>superscription</b> <b>inscription</b> <b>subscription</b> <b>signa</b>		
*****				
<b>BLOCK 5</b>				
*****				
*****				
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

The superscription, inscription, subscription, and signa are parts of the \_\_\_\_\_ of the prescription.

**Answer:**

The superscription, inscription, subscription, and signa are parts of the body of the prescription.

FRAME 18

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
<b>R<sub>x</sub></b>		Gm. or ml.		
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
<b>R<sub>x</sub></b> NUMBER	SIGNATURE, RANK AND DEGREE			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

The superscription is simply the R<sub>x</sub> symbol. This symbol represents recipe or take thou, informing pharmacy personnel to dispense the medication listed.

**Question:**

The superscription (R<sub>x</sub> symbol) represents \_\_\_\_\_ or \_\_\_\_\_.

**Answer:**

The superscription (R<sub>x</sub> symbol) represents recipe or take thou.

FRAME 19

The inscription lists the drug (or ingredient) name and strength.

<u>SAMPLE</u>		DD FORM 1 NOV 71 1289	<u>SAMPLE</u>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number. ) ( If under 12 years, give age. )			
MEDICAL FACILITY		DATE	
<i>Rx</i>		<i>Gm. or ml.</i>	
Ethaverine HCl Tabs		100	
MFGR:	EXP DATE:		
LOT NO:	FILLED BY:		
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE		
<u>SAMPLE</u>	EDITION OF 1 JAN 60 MAY BE USED.		<u>SAMPLE</u>

FRAME 20

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453			
MEDICAL FACILITY	DATE		
Alamo Army Hosp	6 Mar 00		
<b>Rx</b>			<i>Gm. or ml.</i>
Aldomet Tablets Disp: 120 Sig: $\dot{\bar{i}}$ p.o. QID			5
MFGR: MSD	EXP DATE: 7/03		
LOT NO: 1148A	FILLED BY: CWT		
001022	James Dean		
<small>Rx NUMBER</small>	<small>SIGNATURE, RANK AND DEGREE</small> CPT, MD		
<small>SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE</small>			

**Question:**

The inscription of prescription 1022 calls for \_\_\_\_\_.

**Answer:**

The inscription of prescription 1022 calls for Aldomet tablets, 0.5 gram.

FRAME 21

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6 196 Jamison Place Ft Sam Houston, TX 221-6510			
MEDICAL FACILITY Dewitt Army Hosp		DATE 3 Apr 00	
<b>R<sub>x</sub></b> Dimetapp Elixir Disp: 4 ounces Sig: $\dot{\bar{t}}$ tsp p.o. QID		Gm. or ml.	
MFGR: A.H. Robins	EXP DATE: 3/04		
LOT NO: 1462	FILLED BY: CWT		
001043 <small>NUMBER</small>	Charles Edwards <b>M.D.</b> <small>SIGNATURE, RANK, AND DEGREE</small>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

The inscription of prescription 1043 calls for

\_\_\_\_\_.

**Answer:**

The inscription of prescription 1043 calls for Dimetapp Elixir.

FRAME 22

The subscription contains the instructions to pharmacy personnel. It tells what is to be done with the drug or ingredients, such as "make an emulsion" or "dispense a certain quantity." For any information not included on the prescription, the physician must be contacted.

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
<small>FOR (Full name, address &amp; phone number.) (If under 12 years, give age.)</small>				
MEDICAL FACILITY			DATE	
<i>Rx</i>		<small>Gm. or ml.</small>		
Disp: #40		_____		
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
<small>Rx</small> NUMBER	SIGNATURE, RANK AND DEGREE			
<small>SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE</small>				

**Question:**

The subscription contains the instructions to \_\_\_\_\_.

**Answer:**

The subscription contains the instructions to pharmacy personnel

FRAME 23

The last subpart of the body of the prescription is the signa. It contains the directions to the patient. It might tell the patient to "take two tablets daily" or "instill three drops in each ear at bedtime." Very often, these are written in pharmaceutical Latin words or abbreviations which pharmacy personnel must interpret for the patient.

A complete translated signa for a patient must have these five (5) components: action verb, quantity, dosage form, route of administration, and frequency.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
		DOD PRESCRIPTION		
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
℞		Gm. or ml.		
Sig: † p.o. QID				
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
℞ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>

**Question:**

The signa contains directions to the \_\_\_\_\_.

**Answer:**

The signa contains directions to the patient.

FRAME 24

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453				
MEDICAL FACILITY			DATE	
Alamo Army Hosp			6 Mar 00	
R. <span style="float: right;">Gm. or ml.</span> Aldomet Tablets <span style="float: right;">S</span> Disp: 120 Sig: † p.o. QID				
MFGR: MSD		EXP DATE: 7/03		
LOT NO: 1148A		FILLED BY: CWT		
001022		James Dean		
Rx NUMBER		SIGNATURE, RANK AND DEGREE		
SAMPLE		EDITION OF 1 JAN 60 MAY BE USED. SAMPLE		

**Question:**

The signa of prescription 1022 is as follows:

\_\_\_\_\_.

**Answer:**

The signa of prescription 1022 is as follows: 1 QID. (This means "Take 1 tablet by mouth 4 times daily.")

FRAME 25

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6 196 Jamison Place Ft Sam Houston, TX 221-6510			
MEDICAL FACILITY Dewitt Army Hosp		DATE 3 Apr 00	
<b>R<sub>x</sub></b> Dimetapp Elixir Disp: 4 ounces Sig: $\dot{\bar{t}}$ tsp p.o. QID		Gm. or ml.	
MFGR: A.H. Robins	EXP DATE: 3/04		
LOT NO: 1462	FILLED BY: CWT		
001043 <small>R<sub>x</sub> NUMBER</small>	Charles Edwards M.D. <small>SIGNATURE, RANK, AND DEGREE</small>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

The signa of prescription 1043 is as follows:

\_\_\_\_\_.

**Answer:**

The signa of prescription 1043 is as follows: 1 tsp. TID. (This means "Take 1 teaspoonful by mouth 3 times daily.")

FRAME 26

Block 6 contains the quality control information for the prescription. Block 6 provides a place for the drug's manufacturer, lot number, and expiration date to be recorded. Also, it provides a place for the initials of the person who filled the prescription. AR 40-3 requires that the initials of the person who filled the prescription be written on the form. However, if a drug recall policy is in effect in the pharmacy, the drug's manufacturer, lot number, and expiration date need not be written on the prescription form.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
MEDICAL FACILITY			DATE	
<b>R</b>			Gm. or ml.	
MFGR:		EXP. DATE:		
<b>BLOCK</b>				
LOT NO:		FILLED BY:		
$\bar{R}$ NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

**Question:**

In addition to completely identifying the manufacturer, lot number, and expiration date of the drug dispensed, Block 6 contains the initials of the \_\_\_\_\_ .

**Answer:**

person who filled the prescription.

FRAME 27

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)			(If under 12 years, give age.)	
<p>SFC John P. Taylor          1363 Soldier Road          Ft Sam Houston, TX          221-6453</p>				
MEDICAL FACILITY Alamo Army Hosp			DATE 6 Mar 00	
<p><b>Rx</b>          Aldomet Tablets          Disp: 120          Sig: <math>\dot{\bar{i}}</math> p.o. QID</p>			<p>Gm. or ml.          5</p>	
MFGR: MSD		EXP DATE: 7/03		
LOT NO: 1148A		FILLED BY: CWT		
001022 % NUMBER		James Dean CPT, M.D. SIGNATURE, RANK AND DEGREE		
<p><b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b></p>				

**Question:**

Prescription 1022 was for Aldomet, 0.5 gram, which was manufactured by \_\_\_\_\_. It was lot number \_\_\_\_\_, which expires \_\_\_\_\_. The initials of the person who filled it are \_\_\_\_\_.

**Answer:**

Prescription 1022 was for Aldomet, 0.5 gram, which was manufactured by MSD. It was lot number 1148 A, which expires 7/03. The initials of the person who filled it are CWT.

FRAME 28

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
Mary Johnson, Age 6 196 Jamison Place Ft Sam Houston, TX 221-6510				
MEDICAL FACILITY Dewitt Army Hosp		DATE 3 Apr 00		
<b>R<sub>x</sub></b> <span style="float: right;">Gm. or ml.</span>				
Dimetapp Elixir				
Disp: 4 ounces				
Sig: $\dot{\bar{i}}$ tsp p.o. QID				
MFGR: <u>A.H. Robins</u>		EXP DATE: <u>3/04</u>		
LOT NO: <u>1462</u>		FILLED BY: <u>CWT</u>		
<u>001043</u>		<u>Charles Edwards</u>		
NUMBER		SIGNATURE, RANK, AND DEGREE		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>		

**Question:**

Prescription 1043 was for Dimetapp Elixir, which was manufactured by \_\_\_\_\_. It was lot number \_\_\_\_\_, which expires \_\_\_\_\_. The initials of the person who filled it are \_\_\_\_\_.

**Answer:**

Prescription 1043 was for Dimetapp Elixir, which was manufactured by AH Robins. It was lot number 1462, which expires 3/04. The initials of the person who filled it are CWT.

FRAME 29

Prior to filling, prescriptions will be numbered serially. Block 7 contains the prescription number.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
		DOD PRESCRIPTION		
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY		DATE		
R <sub>x</sub>		Gm. or ml.		
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
<b>BLOCK 7</b>		SIGNATURE, RANK AND DEGREE		
R <sub>x</sub> NUMBER				
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

Prior to filling, prescriptions will be \_\_\_\_\_.

**Answer:**

Prior to filling, prescriptions will be numbered serially.

FRAME 30

The last part of the prescription, Block 8, identifies the prescriber. It contains the signature, in ink, of the person who wrote the prescription. If the prescription is for a controlled substance such as a narcotic, the prescriber's signature, branch of service, social security number, and name (stamped, typed, or hand printed) must appear in this block on the prescription form.

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
<small>FOR ( Full name, address &amp; phone number.) (If under 12 years, give age.)</small>				
MEDICAL FACILITY			DATE	
<i>Rx</i>		<small>Gm. or ml.</small>		
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
<small>Rx NUMBER</small>		<b>BLOCK 8</b> <small>SIGNATURE, RANK AND DEGREE</small>		
<small>SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE</small>				

**NOTE:** Prescriptions written by nurse clinicians, graduate physician assistants, AMOSISTS, and physical therapists must have the following statement written on the form: "TO BE FILLED ONLY AT (name of local medical treatment facility) PHARMACY."

**Question:**

Block 8 identifies the \_\_\_\_\_ .

**Answer:**

prescriber.

FRAME 31

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00	
℞ Aldomet Tablets Disp: 120 Sig: $\dot{\bar{i}}$ p.o. QID		Gm. or ml. 5	
MFGR: MSD	EXP DATE: 7/03		
LOT NO: 1148A	FILLED BY: CWT		
001022 ℞ NUMBER	James Dean CPT, M.D. SIGNATURE RANK AND DEGREE		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>	

**Question:**

Prescription 1022 was written by \_\_\_\_\_.

**Answer:**

Prescription 1022 was written by James Dean, CPT, MD.

FRAME 32

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6			
196 Jamison Place			
Ft Sam Houston, TX			
221-6510			
MEDICAL FACILITY		DATE	
Dewitt Army Hosp		3 Apr 00	
<b>R<sub>x</sub></b>		Gm. or ml.	
Dimetapp Elixir			
Disp: 4 ounces			
Sig: $\dot{\bar{r}}$ tsp p.o. QID			
MFGR: A.H. Robins	EXP DATE: 3/04		
LOT NO: 1462	FILLED BY: CWT		
001043	Charles Edwards		
<small>R<sub>x</sub> NUMBER</small>	<small>SIGNATURE, RANK, AND DEGREE</small>		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

**Question:**

Prescription 1043 was written by

\_\_\_\_\_.

**Answer:** Prescription 1043 was written by Charles Edwards, MAJ, MD.

**Section II. COMMON LATIN TERMS AND ABBREVIATIONS**

<u>Term or Abbreviation</u>	<u>Meaning</u>
aa	of each
a	before
a.c.	before meals
ad lib.	freely, at pleasure
Aq. Dest.	purified water
Bis	twice
b.i.d.	two times a day

**Question:**

aa means \_\_\_\_\_

a.c. means \_\_\_\_\_

ad lib. means \_\_\_\_\_

b.i.d. means \_\_\_\_\_

**Answer:**

aa means of each

a.c. means before meals

ad lib. means freely, at pleasure

b.i.d. means two times a day

FRAME 34

<u>Term or Abbreviation</u>	<u>Meaning</u>
c	with
cap	capsule
d.t.d.	give of such doses
disp.	dispense
divid.	divide
et	and
ft.	make, let it be made

**Question:**

cap means \_\_\_\_\_

c means \_\_\_\_\_

d.t.d. means \_\_\_\_\_

et means \_\_\_\_\_

Meaning

Answers:

**Answer:**

cap means capsule

c means with

d.t.d. means give of such doses

et means and

FRAME 35

<u>Term or Abbreviation</u>	<u>Meaning</u>
ft. unq.	make an ointment
filt.	filter
gr.	grain
gtt	drop
h. (hor.)	hour
h.s. (hor. som.)	at bedtime, at the hour of sleep
inj.	injection
inter.	between
lotio	lotion

**Question:**

ft. unq. means \_\_\_\_\_

gr. means \_\_\_\_\_

gtt means \_\_\_\_\_

h.s. (hor. som.) means \_\_\_\_\_

inj. means \_\_\_\_\_

**Answer:**

ft. unq. means make an ointment

gr. means grain

gtt means drop

h.s. (hor. som.) means at bedtime, at the hour of sleep

inj. means injection

FRAME 36

<u>Term or Abbreviation</u>	<u>Meaning</u>
M.	mix
m. dict	as directed
N.R. (non rep.)	do not repeat, no refill
no.	number
O.	a pint

**Question:**

M. means \_\_\_\_\_

m. dict. means \_\_\_\_\_

N.R. (non rep.) means \_\_\_\_\_

no. means \_\_\_\_\_

O. means \_\_\_\_\_

**Answer:**

M. means mix

m. dict. means as directed

N.R. (non rep.) means do not repeat, no refill

number

a pint

FRAME 37

<u>Term or Abbreviation</u>	<u>Meaning</u>
O.D.	right eye
O.S.	left eye
O.U.	both eyes
oz.	ounce
p.c.	after meals
p.o.	by mouth
p.r.n.	if needed, as needed

**Question:**

O.D. means \_\_\_\_\_

O.S. means \_\_\_\_\_

O.U. means \_\_\_\_\_

p.c. means \_\_\_\_\_

p.o. means \_\_\_\_\_

p.r.n. means \_\_\_\_\_

**Answer:**

O.D. means right eye  
 O.S. means left eye  
 O.U. means both eyes  
 p.c. means after meals  
 p.o. means by mouth  
 p.r.n. means if needed, as needed

FRAME 38

<u>Term or Abbreviation</u>	<u>Meaning</u>
q.	every
q.d.	every day, daily
q.o.d.	every other day
q.i.d.	four times a day
q.s.	a sufficient quantity
q.s.ad	a sufficient quantity up to
R <sub>x</sub>	recipe, take thou
— s	without
sig.	write, label

**Question:**

q. means \_\_\_\_\_  
 q.d. means \_\_\_\_\_  
 q.o.d. means \_\_\_\_\_  
 q.i.d. means \_\_\_\_\_  
 q.s. means \_\_\_\_\_  
 q.s.ad means \_\_\_\_\_  
 —  
 s means \_\_\_\_\_

**Answer:**

q. means every  
 q.d. means every day, daily  
 q.o.d. means every other day  
 q.i.d. means four times a day  
 q.s. means a sufficient quantity  
 q.s. ad means a sufficient quantity up to  
 —  
 s means without

FRAME 39

<u>Term or Abbreviation</u>	<u>Meaning</u>
ss	one half
S.V.R.	alcohol (95% ethyl alcohol)
S.V.T.	diluted alcohol
stat	immediately, now
t.	three
t.i.d.	three times a day
ung.	ointment
ut dict. (u.d.)	as directed

**Question:**

ss means \_\_\_\_\_

stat means \_\_\_\_\_

t.i.d. means \_\_\_\_\_

ung. means \_\_\_\_\_

ut dict. (u.d.) means \_\_\_\_\_

**Answer:**

ss means one half  
 stat means immediately, now  
 t.i.d. means three times daily  
 ung. means ointment  
 ut dict. (u.d.) means as directed

FRAME 40 (REVIEW QUESTIONS)

aa \_\_\_\_\_

ad lib \_\_\_\_\_

b.i.d \_\_\_\_\_

c \_\_\_\_\_

et \_\_\_\_\_

gr \_\_\_\_\_

gtt \_\_\_\_\_

h.s \_\_\_\_\_

N.R. (non rep.) \_\_\_\_\_

O.D \_\_\_\_\_

O.S \_\_\_\_\_

O.U \_\_\_\_\_

p.c \_\_\_\_\_

p.o \_\_\_\_\_

p.r.n \_\_\_\_\_

q.s \_\_\_\_\_

q.s.ad \_\_\_\_\_

q.i.d \_\_\_\_\_

q.o.d \_\_\_\_\_

—  
s \_\_\_\_\_

ss \_\_\_\_\_

t.i.d. \_\_\_\_\_

FRAME 41 (Answers to Review Questions)

**Answer:**

of each

freely, at pleasure

two times a day

with

and

grain

drop

at bedtime, at the hour  
of sleep

do not repeat, no refill

right eye

left eye

both eyes

after meals

by mouth

if needed, as needed

a sufficient quantity

a sufficient quantity up  
to

four times a day

every other day

without

one half

three times a day

FRAME 42

Exact translation of Latin terms and abbreviations is mandatory. However, to make directions completely clear to the patient, appropriate action verbs (e.g., take, apply, instill, etc.) must be included. The list of dosage forms and associated action verbs below will assist you in formulating clear, concise instructions to the patient.

Dosage Form	Appropriate Action Verb
tablet	take
tablet (vaginal)	insert
capsule	take
solution (internal)	take
solution (external)	apply
ointment	apply
ointment (vaginal)	insert
cream	apply
cream (vaginal)	insert
lotion	apply
suspension (internal)	take
suspension (external)	apply
suppository	insert
emulsion (internal)	take
emulsion (external)	apply
elixir	take
eye, ear or nose preparations	instill or place

<p>FRAME 43</p> <p><b>Question:</b></p> <p>A signa for a tablet preparation, when properly translated for a patient, should begin _____.</p> <p>A signa for an external suspension, when properly translated for a patient, should begin _____.</p> <p>A signa for a suppository, when properly translated for a patient, should begin _____.</p>	
	<p><b>Answer:</b></p> <p>A signa for a tablet preparation, when properly translated for a patient, should begin <u>take</u>.</p> <p>A signa for an external suspension, when properly translated for a patient, should begin <u>apply</u>.</p> <p>A signa for a suppository, when properly translated for a patient, should begin <u>insert</u>.</p>

FRAME 44

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (if under 12 years, give age.)				
<i>Cassie Smith, Age 6</i>				
<i>Dep / 57C Charles Smith</i>				
<i>654 Funston Place</i>				
<i>San Antonio, TX 255-4306</i>				
MEDICAL FACILITY			DATE	
<i>Alamo Army Hosp</i>			<i>23 April 2000</i>	
<b>R<sub>x</sub></b>				
Gm. or ml.				
<i>Aspirin Tablets</i>				
<i>1 1/4 grain</i>				
<i>#36</i>				
<i>Sig: <math>\bar{\text{iv}}</math> tabs p.o. q 4 hr</i>				
MFGR: <i>Bayer</i>		EXP DATE: <i>12/04</i>		
LOT NO: <i>347A</i>		FILLED BY: <i>CWT</i>		
<i>11113</i>		<i>James Howard</i>		
<small>R<sub>x</sub> NUMBER</small>		<small>SIGNATURE RANK AND DEGREE</small>		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>

**Question:**

Is this prescription for an adult? \_\_\_\_\_

How do you know? \_\_\_\_\_

This signa is best translated to read:  
\_\_\_\_\_

**Answer:**

No.

The prescriber specified the patient's age in the patient identification section.

Take 4 tablets by mouth

FRAME 45

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) ( If under 12 years, give age.)				
Alex Johnson, Age 9				
Dep / SFC Fred Johnson				
2150 Austin Highway				
San Antonio, TX 221-6304				
MEDICAL FACILITY			DATE	
Alamo Army Hosp			14 March 2000	
<b>Rx</b>				
Donnatal Elixir				
Disp: 8 ounces				
Sig: $\text{ss tsp. p.o. q 6h p.r.n.}$				
Gm. or ml.				
N.R.				
MFGR: A. H. Robins		EXP DATE: 4/03		
LOT NO: 1472		FILLED BY: CWT		
111114		Greg Powers		
Rx NUMBER		CPT, M.D.		
SIGNATURE, RANK AND DEGREE				
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

**Question:**

This signa is best translated to read:

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take one-half  
teaspoonful by mouth  
every 6 hours as  
needed.

FRAME 46

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SP6 Austin Travis Company B, 3rd BN AHS Ft Sam Houston, TX 221-6104			
MEDICAL FACILITY Alamo Army Hosp		DATE 23 Apr 00	
<b>Rx</b>		Gm. or ml.	
Ampicillin Suspension Disp: 200 ml		250mg/ 5ml	
Sig: $\dot{\bar{i}}$ tsp p.o. q.i.d.			
MFGR: Pure Pac Pharm	EXP DATE: 5/02		
LOT NO: 30106	FILLED BY: CWT		
111115 <small>Rx NUMBER</small>	Gerry McKeegan LTC, M.D. <small>SIGNATURE, RANK AND DEGREE</small>		
<b>SAMPLE</b>		<b>SAMPLE</b>	

EDITION OF 1 JAN 60 MAY BE USED.

**Question:**

This signa is best translated to read:

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 teaspoonful by mouth 4 times daily.

FRAME 47

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
FOR (Full name, address & phone number.)		DOD PRESCRIPTION (If under 12 years, give age.)	
LTC Howard Robinson 3 Spring Street San Antonio, TX 616-3019			
MEDICAL FACILITY Alamo Army Hosp		DATE 23 Mar 00	
<b>R<sub>x</sub></b>		<i>Gm. or ml.</i>	
Penicillin VK Tabs #40		250	
Sig: $\dot{\bar{t}}$ p.o. q.i.d. x 10 days			
MFGR: Lilly	EXP DATE: 1/02		
LOT NO: 16Z144	FILLED BY: CWT		
111116	John Harrod		
<b>R<sub>x</sub></b> NUMBER	SIGNATURE, RANK, AND DEGREE MAJ, M.D.		
<b>SAMPLE</b>		<b>SAMPLE</b>	

EDITION OF 1 JAN 60 MAY BE USED.

**Question:**

This signa is best translated to read: \_\_\_\_\_  
\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 tablet by mouth  
4 times daily for 10  
days.

FRAME 48

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number. )		( If under 12 years, give age. )	
<p><b>PFC James Martin</b>  <b>1306 Windmill</b>  <b>San Antonio, TX</b>                      <b>655-8789</b></p>			
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>13 Apr 00</i>	
<p><b>R<sub>x</sub></b>  <b>Codeine SO<sub>4</sub> tabs</b>  <b>#12 (Twelve)</b>  <b>Sig: † p.o. q 6 h p.r.n. pain</b></p>		<p>Gm. or ml.  <b>032</b></p>	
MFGR: <i>Chase</i>	EXP DATE: <i>1/02</i>		
LOT NO: <i>H016</i>	FILLED BY: <i>CWT</i>		
<i>11117</i> R <sub>x</sub> NUMBER	<i>Alfred Boggs, MAJ, MD</i> ALFRED BOGGS, 143-46-1011 SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED.                      SAMPLE			

**Question:**

Codeine SO<sub>4</sub> (codeine sulfate) is a controlled substance. Has the prescriber been identified properly? \_\_\_\_\_

Explain \_\_\_\_\_

This signa is best translated to read: \_\_\_\_\_

**Answer:**

Yes.

In addition to signature and branch of service, the physician's printed name and SSN is on the prescription.

Take 1 tablet by mouth every 6 hours as needed for pain.

FRAME 49

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Maj John Morton 1203 Broadway Ave San Antonio, TX 223-1043			
MEDICAL FACILITY Alamo Army Hosp		DATE 14 Apr 00	
<b>Rx</b> Kwell Shampoo 1 bottle  Sig: ut dict		Gm. or ml.	
MFGR Reed & Carnrick	EXP DATE: 10/00		
LOT NO: 2X3941	FILLED BY: JWT		
111118 <b>Rx</b> NUMBER	Paul Mosby CPT, M.D. SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>	

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read: Use as directed.

FRAME 50

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number.) ( If under 12 years, give age.)			
LTC John Williams 12 Artillery Post Road Ft Sam Houston, TX 216-1101			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00	
$\mathcal{R}$ Thorazine Tablets #12		Gm. or ml. 025	
Sig: $\dagger$ p.o. q 6 h			
MFGR: S, K & F		EXP DATE: 5/04	
LOT NO: 1Z1134		FILLED BY: CWT	
111119 $\mathcal{R}$ NUMBER		Thomas Northcott COL, M.D. SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

**Question:**

The strength of the Thorazine tablets is: \_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

0.025 gram.

Take 1 tablet by mouth every 6 hours.

FRAME 51

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Howard Davidson, Age 7 106 Austin Highway San Antonio, TX 222-2737			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Apr 00	
Rx Cleocin Pediatric 75mg/5ml Disp: 150 ml Sig: ss tsp p.o. q.i.d. for 10 days		gm. or ml.	
MFGR: Upjohn	EXP DATE: 12/00		
LOT NO: 121742	FILLED BY: CWT		
111120 Rx NUMBER	David Scott LTC, M.D. SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>	

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take one-half  
teaspoonful by mouth  
4 times daily for ten  
days.

FRAME 52

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
<b>CPT Ed Mullenax</b> <b>13 Raven Place</b> <b>Alamo Heights, TX</b> <span style="float: right;">822-1200</span>				
MEDICAL FACILITY			DATE	
Alamo Army Hosp			6 April 00	
<i>R<sub>x</sub></i>				
				<i>Gm. or ml.</i>
Olive Oil				30
Limewater				30
Ft. Emulsion				
Sig: Apply q.i.d. p.r.n.				
MFGR: <i>AAH</i>		EXP DATE: <i>6 Apr 02</i>		
LOT NO: <i>121510</i>		FILLED BY: <i>CWT</i>		
111121		<i>Paul Kaster</i>		
<i>R<sub>x</sub></i> NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		<b>SAMPLE</b>		

**Question:**

The subscription of this prescription tells you to: \_\_\_\_\_

\_\_\_\_\_

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

The subscription of this prescription tells you to: make an emulsion.

This signa is best translated to read: Apply 4 times daily as needed.

FRAME 53

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
COL Thomas Brady 101 Commander's Row Ft Sam Houston, TX 216-3014			
MEDICAL FACILITY	DATE		
Alamo Army Hosp	28 Apr 00		
<b>Rx</b>	Gm. or ml.		
Lanolin	25		
Oleo vitamin A&D	10		
White Petrolatum	100		
Ft. UNG			
Sig: Apply h.s. p.r.n.			
MFG	Alamo Army Hosp	EXP DATE:	28 Apr 02
LOT NO:	21664D	FILLED BY:	JWT
<b>Rx</b> NUMBER	111122	David Anderson	
		LTC, MD	
		SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

**Question:**

The subscription of this prescription tells you to: \_\_\_\_\_

\_\_\_\_\_

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

The subscription of this prescription tells you to: Make an ointment.

This signa is best translated to read: Apply at bedtime as needed.

FRAME 54

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SP4 Alton McCormick Company C, 3rd BN AHS 631-0144			
MEDICAL FACILITY Alamo Army Hosp		DATE 28 Apr 00	
<b>R<sub>x</sub></b> Benadryl Elixir 4 ounces		Gm. or ml. 12.5 mg/ 5 ml	
Sig: † Teaspoonful p.o. q.i.d.			
To Be Filled only at Alamo Army Hospital Pharmacy.			
N.R.			
MFGR: Parke-Davis	EXP DATE: 6/01		
LOT NO: 12A	FILLED BY: CWT		
111123 R <sub>x</sub> NUMBER	John Franklin WO3, P.A. SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		<b>SAMPLE</b>	
EDITION OF 1 JAN 60 MAY BE USED.			

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 teaspoonful by mouth 4 times daily.

FRAME 55

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR ( Full name, address & phone number.) (If under 12 years, give age.)			
<i>MAJ Alice Newton</i> <i>10805 Navarro Way</i> <i>Castle Hills, TX 654-3091</i>			
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>18 Mar 00</i>	
<b>Rx</b> <i>Tetracycline HCl Caps</i> <i>#40</i>		Gm. or ml. <i>250</i>	
<i>Sig: † cap p.o. q.i.d.</i>			
MFGR: <i>Purepac</i>	EXP DATE: <i>6/03</i>		
LOT NO: <i>1X643</i>	FILLED BY: <i>PWT</i>		
<i>111124</i> Rx NUMBER	<i>Albert Halverson</i> SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 capsule by mouth 4 times daily.

FRAME 56

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>
FOR (Full name, address & phone number.) (if under 12 years, give age.)			
MSG Carl Hellmich Co B, 3rd BN AHS  221-6304			
MEDICAL FACILITY Alamo Army Hosp		DATE 10 Apr 00	
<b>R<sub>x</sub></b> Ornade Capsules #20  Sig: † cap p.o. q 12 h		Gm. or ml.	
NR			
MFGR: S.K.&F	EXP DATE: 12/01		
LOT NO: AC304	FILLED BY: CWT		
111125 R <sub>x</sub> NUMBER	Alex Robinson LTC, M.D. SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

**Question:**

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This signa is best translated to read:  
Take 1 capsule by mouth every 12 hours.

FRAME 57

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
<i>PFC Michael Jameson</i>				
<i>Co D, 3 BN</i>				
<i>AHS</i>				
<i>221-6014</i>				
MEDICAL FACILITY		DATE		
<i>Alamo Army Hosp</i>		<i>23 Mar 00</i>		
<b>Rx</b>		Gm. or ml.		
<i>Aspirin Tablets</i>		<i>325</i>		
<i>Disp # 25</i>				
<i>Sig: <math>\ddot{\text{ii}}</math> p.o. q 4h</i>				
<i>"To Be Filled Only at Alamo Army Hospital Pharmacy"</i>				
MFGR:	<i>Upjohn</i>	EXP DATE:	<i>8/04</i>	
LOT NO:	<i>4063A</i>	FILLED BY:	<i>CW7</i>	
<b>Rx</b> NUMBER	<i>111126</i>	SIGNATURE, RANK AND DEGREE		
		<i>Constance Mays</i>		
		<i>MAJ, AMSC, P7</i>		
<b>SAMPLE</b>		<b>SAMPLE</b>		

**Question:**

The strength of the aspirin tablets dispensed is:

\_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

The strength of the aspirin tablets dispensed is 0.325 gram.

This signa is best translated to read: Take 2 tablets by mouth every 4 hours.

FRAME 58

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Dorothy Aldo 1212 Pierce Ft Sam Houston, TX 221-6310			
MEDICAL FACILITY Alamo Army Hosp		DATE 8 Apr 00	
<b>R<sub>x</sub></b> Oxytetracycline HCl Capsules #40 Sig: $\dot{\bar{\text{T}}}$ p.o. q.i.d.		Gm. or ml. 250	
MFGR: Purepac	EXP DATE: 3/01		
LOT NO: 10X10	FILLED BY: JWT		
111127 <small>R<sub>x</sub> NUMBER</small>	Harold Jones, M.D. <small>SIGNATURE, RANK AND DEGREE</small>		
<b>SAMPLE</b>		<b>SAMPLE</b>	

**Question:**

The oxytetracycline capsules dispensed to this patient were manufactured by \_\_\_\_\_ and expire \_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

manufactured by Purepac expires 3/01.

Signa reads: Take 1 capsule by mouth 4 times daily.

FRAME 59

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SPS Gary Edwards 1105 Wildwood Dr San Antonio, TX			
MEDICAL FACILITY		DATE	
Alamo Army Hosp		13 Apr 00	
℞		Gm. or ml.	
Gantrisin Tablets #112		500	
Sig: 4 p.o. initially, then ii p.o. q.i.d. until all are taken.			
MFGR: Roche	EXP DATE: 1/01		
LOT NO: 11A61	FILLED BY: CWT		
111128	Ben Campbell		
℞ NUMBER	SIGNATURE, RANK AND DEGREE		
	CPT, M.D.		
SAMPLE		SAMPLE	

**Question:**

The initials of the person who filled this prescription are \_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_  
\_\_\_\_\_

**Answer:**

The initials of the person who filled this prescription are CWT.

This signa is best translated to read:  
Take 4 tablets by mouth initially, then take 2 tablets by mouth 4 times daily until all are taken.

FRAME 60

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
<i>SFC P. D. Moran</i> <i>5106 Roundtable</i> <i>Roundrock, TX</i> <i>910-1630</i>				
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>1 Mar 00</i>		
<b>R<sub>x</sub></b>		Gm. or ml.		
<i>Mandelamine Tabs</i> <i>#100</i>		<i>1</i>   <i>00</i>		
<i>Sig: † p.o. t.i.d.</i>				
<b>NR</b>				
MFGR: <i>W. Chilcott</i>		EXP DATE: <i>4/01</i>		
LOT NO: <i>221A</i>		FILLED BY: <i>CW1</i>		
<i>111129</i>		<i>Alton Thompson</i>		
R <sub>x</sub> NUMBER		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		<b>SAMPLE</b>		

EDITION OF 1 JAN 60 MAY BE USED.

**Question:**

The strength of the Mandelamine tablets is \_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

The strength of the Mandelamine tablets is 1.0 gram.

This signa is best translated to read: Take 1 tablet by mouth three times a day.

FRAME 61

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>	
		DOD PRESCRIPTION		
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
Janet Browning 10 Poet Place San Antonio, TX				
MEDICAL FACILITY Alamo Army Hosp		DATE 18 Apr 00		
<b>R<sub>x</sub></b>		Gm. or ml.		
Triavil Tablets		Z-10		
#120				
Sig: † Tab p.o. t.i.d.				
N.R.				
MFGR: MSD	EXP DATE: 9/02			
LOT NO: 10X10	FILLED BY: CWT			
111130		Gerald James		
<b>R<sub>x</sub></b> NUMBER		SIGNATURE, RANK AND DEGREE		
		CPT, M.D.		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED.		
<b>SAMPLE</b>		<b>SAMPLE</b>		

**Question:**

May this prescription be refilled? \_\_\_\_\_ Why/why not?

This signa is best translated to read: \_\_\_\_\_

**Answer:**

refilled? No.  
The prescriber  
indicated N.R., which  
means do not repeat or  
no refill.

Signa reads:  
Take 1 tablet by mouth  
three times day.

FRAME 62

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
MAJ Ethan Page 15362 Minuteman San Antonio, TX 653-1811			
MEDICAL FACILITY Alamo Army Hosp		DATE 14 Mar 00	
<b>Rx</b> Dilantin Caps #120		Gm. or ml. 100mg	
Sig: † p.o. t.i.d.			
MFGR Parke - Davis	EXP DATE: 1/02		
LOT NO: 4113A	FILLED BY: CWT		
<b>Rx</b> NUMBER 111131	SIGNATURE, RANK AND DEGREE Adam Johnson LTC, MD		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

**Question:**

This prescription was written at:

\_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This prescription was written at Alamo Army Hospital.

This signa is best translated to read: Take 1 capsule by mouth three times daily.

FRAME 63

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.)		(If under 12 years, give age.)		
<i>Mrs. E. H. Chase</i>				
<i>1061 Pinn Rd</i>				
<i>San Antonio, TX</i>		<i>655-4101</i>		
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>28 Mar 00</i>		
<i>R<sub>x</sub></i>		Gm. or ml.		
<i>Cordram Cream 1/2 strength</i>				
<i>15 gm</i>				
<i>Sig: Apply b.i.d. to affected area</i>				
MFGR: <i>Dista</i>	EXP DATE: <i>9/01</i>			
LOT NO: <i>X10A3</i>	FILLED BY: <i>CW7</i>			
<i>11132</i>	<i>Daimler Reynolds</i>			
<i>R<sub>x</sub></i> NUMBER	SIGNATURE, RANK AND DEGREE <i>M.D., M.D.</i>			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>		

**Question:**

This prescription was issued to:

\_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

**Answer:**

This prescription was issued to Mrs. E. H. Chase.

This signa is best translated to read: Apply two times a day to the affected area.

[Return to Table of Contents](#)

## LESSON ASSIGNMENT

### LESSON 4

Filling the Prescription.

### TEXT ASSIGNMENT

Paragraphs 4-1 through 4-4.

### TASKS

081-91Q-4801, Receive the Prescription.  
081-91Q-4802, Interpret the Prescription.  
081-91Q-4803, Compound the Prescription.  
081-91Q-4804, Fill the Prescription.  
081-91Q-4805, Label the Prescription.  
081-91Q-4806, File the Prescription.  
081-91Q-4807, Refill the Prescription.  
081-91Q-4841, Evaluate the Prescription.  
081-91Q-4842, Evaluate the Completed Prescription.  
081-91Q-4843, Issue the Medication.

### OBJECTIVES

- 4-1. Given a prepared DD Form 1289 or AF Form 781 for an outpatient prescription and a group of statements, select the reason why that prescription should/should not be filled/refilled.
- 4-2. Given a list of steps involved in filling/refilling an outpatient prescription and a group of responses that contain different sequences of steps, select the response that contains the recommended sequence of steps as presented in the subcourse.
- 4-3. Given a particular step in the sequence of filling/refilling an outpatient prescription and a group of statements, select the statement that best describes what should be performed during that step.
- 4-4. Given a description of a work situation, a request for a prescription to be filled/refilled and a group of statements, select the statement that best describes why that prescription should/should not be filled/refilled.

### SUGGESTION

After studying the assignment complete the exercises at the end of this lesson. These exercises will help you to achieve the lesson objectives.

## LESSON 4

### FILLING THE PRESCRIPTION

#### Section I. PERSONNEL AUTHORIZED TO FILL/REFILL THE PRESCRIPTION

##### 4-1. GENERAL INTRODUCTION

a. The commander is responsible for the operation of the pharmacy. The commander will exercise careful supervision over all phases of the pharmacy's operations, including employment of recognized professional procedures and establishment and aggressive pursuit of such policies as are considered desirable to ensure conformity with the highest standards of the pharmaceutical profession.

b. The officer in charge of the pharmacy will be either a graduate of a recognized school or college of pharmacy in one of the States of the United States, Puerto Rico, or the District of Columbia, or when no commissioned officer who is a pharmacist is on duty at the facility, an officer of the Medical Corps.

c. The officer in charge of the pharmacy is charged with the duties of recognizing, identifying, selecting, preparing, safeguarding, testing, evaluating, and dispensing all substances of whatever kind and combination are used in preventative or curative medicine. The officer in charge of the pharmacy and his assistants will be responsible for keeping abreast of new developments in the field of pharmacy, and for passing on information about these developments to the professional personnel they serve.

##### 4-2. PERSONNEL IN THE PHARMACY

a. The officer in charge of the pharmacy will carefully screen all personnel assigned to the pharmacy to ensure that only qualified persons are permitted to compound or dispense drugs or pharmaceutical preparations of any kind. To the fullest extent possible, only persons who are graduates of accredited civilian pharmacy schools or specialists who have successfully completed a course of instruction at the pharmacy specialist course of the Armed Services, or a pharmacy course of equivalent scope, will be assigned professional or technical duties in the pharmacy. One or more graduate licensed pharmacists shall be assigned primary duty at all large military pharmacies at medical treatment facilities where the range, variety, and complexity of drugs dispensed require a high degree of professional competence and supervision. At all such medical treatment facility pharmacies, drugs will be dispensed by graduate licensed pharmacists. At other installations where the use of a full time graduate licensed pharmacist would not be justified, pharmacies may be operated:

(1) By part-time basis officers who are graduate licensed pharmacists, but who are assigned other primary duties.

- (2) By part-time civilian graduate licensed pharmacists.
- (3) By dispensing physicians.

b. Trained pharmacy specialists, either enlisted or civilian, may be used in pharmacies provided they function under the direct supervision of graduate licensed pharmacists, dispensing physicians, or dispensing dentists.

## **Section II. STEPS INVOLVED IN FILLING/REFILLING A PRESCRIPTION**

### **4-3. STEPS INVOLVED IN FILLING A PRESCRIPTION**

**NOTE:** The procedural steps stated and discussed below are a detailed explanation of the tasks and subtasks which can be performed to fill a prescription. Your pharmacy has set procedures for filling prescriptions. You should read and study these procedures to meet the needs of your pharmacy and to ensure the safety of your patients.

#### **a. Receive the Prescription.**

(1) Greet the patient. Professional behavior and positive interpersonal relationships must be maintained at all times.

(2) Check the eligibility of the patient. The patient's ID card should be checked to ensure his/her identity. Eligibility of the patient to have the prescription filled is determined by AR 40-3.

(3) Check for completeness and legibility of the prescription. The prescription must contain the patient's name and address or telephone number except prescriptions for controlled substances that must contain the patient's address. On all prescriptions for children 12 years of age and under, it is recommended that the age be written on the prescription. The prescriber will be consulted when a prescription is illegible or incomplete.

(4) Check for authorization of the prescriber. DD Form 577 (Signature Card) or some other means of identification should be maintained on all persons authorized by the commander to write prescriptions. Use extreme caution to detect forgeries and unauthorized prescriptions. A signature file card is not required, but it is highly desirable.

(5) Check for the availability of the prescribed drug and/or dosage form. Any generic equivalent may be substituted for a trade name drug when the drug is prescribed by a military physician. In MTF located in any state where product selection by the pharmacist is not authorized, the generic equivalent will not be substituted (generic substitution) for a brand name drug on a civilian prescription without the prior approval of the prescriber. The patient should be informed if a substitution to another trade name or a different looking drug of the same generic equivalent is made on a refill.

(6) Distinguish between controlled and non-controlled medications. A prescription for a controlled substance must contain the prescriber's signature, branch of service, social security number, and name (stamped, typed or hand printed) as well as the patient's name and address.

(7) Assign a prescription number. A separate set of prescription numbers must be used for: regular prescriptions (non-controlled drugs), Note Q drugs, and Note R drugs. Prescriptions should be numbered consecutively.

**b. Interpret the Prescription.**

(1) Interpret the inscription (name and strength of the drug). You must be able to use trade names and generic names interchangeably. You must be able to interpret pharmaceutical Latin and to convert from apothecary systems to the metric system and vice versa. Be careful to distinguish between sound-alike drugs (that is, Tofranil and Terfonil, Indocin and Minocin) and look-alike drugs (that is, Doxidan--Doriden, Ovrал--Uval, and Hiprex--Herplex).

(2) Interpret the subscription (directions to the pharmacy). You must interpret pharmaceutical Latin, abbreviations, Roman numerals, and other medical terminology. Perform all calculations with 100 percent accuracy. Furthermore, check your calculations to ensure accuracy.

(3) Interpret the signa (directions to the patient). Interpret Latin abbreviations, pharmaceutical symbols, and other medical terminology.

**c. Evaluate the Prescription.**

(1) Check or verify the dosage, the dosage regimen, and the quantity of drug to be dispensed. Physician approved changes must be annotated and initialed on the prescription form. If discrepancies in the prescription are noted, the appropriate professional personnel must be contacted for verification. If the drug package inserts do not provide the required information, other pharmaceutical references should be consulted.

(2) Check for possible drug interactions. You should check the prescription(s) for possible interactions that could harm the patient or interfere with the effectiveness of the prescribed medication(s). When possible interactions are noted, the prescriber and/or the patient should be informed when deemed necessary.

(3) Check for incompatibilities. You should check the prescription(s) for common physical, chemical, and therapeutic incompatibilities. The prescriber should be notified when an incompatibility is recognized or suspected.

**d. Compound the Prescription (When Required).**

(1) Determine the required ingredients. This refers to both active and inactive ingredients.

(2) Calculate the amount of ingredient required. Calculations must be 100% accurate and should be checked for accuracy by a second source.

(3) Gather the ingredients. Handle all materials safely and in a sanitary and orderly manner. Ensure that you constantly know which ingredient is which. Do not cross-contaminate the ingredients. Visually examine each ingredient for damage or contamination prior to its use.

(4) Weigh/measure the ingredients. Carefully weight or measure each required ingredient using your knowledge of the pharmaceutical balance and volume measurement equipment.

(5) Combine/Mix ingredients to prepare the product. Use your knowledge of pharmaceutical compounding to prepare the product. Seek assistance from human and/or non-human reference sources if you need it.

(6) Package the finished product. Package the product in the most compact container possible. Package the product in a container that will not affect the integrity of the product (that is, place the product in an amber bottle if the product is light-sensitive).

(7) Return unused ingredients to stock. Ensure that the unused ingredients have not been contaminated. Furthermore, ensure that the bottles have been placed in their proper places.

(8) Clean and store the equipment. Clean the equipment as recommended by the manufacturer. Store the equipment to protect it for future use.

**e. Fill the Prescription.**

(1) Select the appropriate drug formulation (drug, strength, and dosage form). You must be able to locate the drug on the shelf by the interchangeable use of trade and generic names.

(2) Check visual identification. Check visual identification of the drug against the prescription label. You should be familiar with the various generic and trade name drugs stocked in the pharmacy so you can name a drug by looking at it. Be careful not to confuse drugs with look-alike drugs (that is, Quaalude and Doriden).

(3) Count/pour medications. The amounts counted or poured must be correct and should be checked by a competent and responsible second source (e.g., pharmacist). The preferred method of counting is by fives. When pouring from a bottle, the labeled side should be facing up. Of course, damaged or deteriorated items should not be used to fill a prescription.

(4) Select the container. The medication should be packaged in either a glass or a plastic container with a child-resistant top (See paragraph 2-14b, page 2-9) - unless the drug is nitroglycerin or the patient requests otherwise. Furthermore, the medication should be dispensed in a container that will not affect its integrity. That is, items destroyed by light should be dispensed in amber-colored containers. Each item should be packaged in the most compact container possible.

NOTE: Nitroglycerin tablets must be dispensed in their original containers.

(5) Package the drug in the dispensing container. The package should contain the prescribed amount of medication and it should be pharmaceutically elegant.

(6) Enter the date filled and initial the prescription. Each prescription should be checked by a competent and a responsible second source. The name and lot number of the drug product along with the name of its manufacturer and expiration date might also be added to prescription form. This information is not required on the form if a sound recall policy is in effect in the pharmacy.

(7) Record prescriptions. Record prescriptions for controlled substances on DD Form 3862 (Control Substances Stock Record). A separate record must be maintained for each controlled substance.

**f. Label the Prescription.**

(1) Type the prescription label. Type a label without errors. The language on the prescription label should be simple and easy for the patient to understand.

(2) Check the typed label. Someone other than the typist should check the typed label.

(3) Label Container. Affix the prescription label to the container.

(4) Select the proper auxiliary label(s). You should know the special handling requirements or scheduled or other selected drugs, and what auxiliary labels are available for you to use.

(5) Affix the auxiliary label(s) to the container. The auxiliary label(s) should be affixed to the container in such a way as not to cover the primary label.

**g. Evaluate the Completed Prescription.**

(1) Check the prescription versus the prescription label. You will ensure that the information on the prescription and what has been typed on the prescription label is identical.

(2) Recheck the visual identification of the drug. Ensure that the drug in the prescription container is the drug and strength that was prescribed.

(3) Recheck for auxiliary labels.

(4) Recheck for drug interactions and incompatibilities. Ensure that no incompatibilities or drug interactions exist. This is the final check before the drug(s) is/are dispensed to the patient. An able and competent individual in the pharmacy should perform this check. The prescriber should be contacted when a clinical interaction or incompatibility has been recognized.

(5) Recheck the conditions of the dosage form. Ensure that no broken tablets or fused (stuck together) capsules are dispensed.

(6) Recheck for the integrity and pharmaceutical elegance of the packaging. Ensure that the label has not been smudged and that the medication has been packaged into a container that will not affect the integrity of the drug.

**h. Issue the Medication.**

(1) Call the patient. Recheck the patient's ID card to ensure that the correct person is receiving the prescription. Ensure that a positive interpersonal relationship is maintained.

(2) Inform the patient. Inform the patient of all appropriate warning statements and provide the patient with a Patient Package Insert (PPI) (if the FDA requires a PPI to be dispensed with the drug). Ensure that the correct information regarding the drug is provided to the patient without damaging the patient's confidence in the prescriber or dispensing facility. If the drug is required by the FDA to be dispensed with a PPI, provide the patient with the PPI at this time.

(3) Transfer to patient. Transfer the drug to the patient.

i. **File the Prescription.**

(1) Separate the prescriptions into at least three file classifications.

- (a) Regular prescriptions.
- (b) Note Q controlled substances.
- (c) Note R controlled substances.

2) Insert the prescriptions into the appropriate file. All prescriptions must be filed serially according to classification. A corresponding file must be established for each series of numbers. The initials of the person who filled the prescription must be on the prescription before it is filed.

(3) Maintain the prescription files. In accordance with 340-18-9, prescription files must be maintained for (5) years. The files are cut off at the end of the calendar or fiscal year. The files are then to be held in the current files area for two (2) years. After two years, the files are to be transferred to the Records Holding Area (RHA) or the Overseas Records Holding Area (OCRHA) when the records will be held until the retention period of 3 years expires. At that time, the records will be destroyed.

#### **4-4. STEPS INVOLVED IN REFILLING PRESCRIPTION**

a. **Greet the Patient.** Professional behavior and positive interpersonal relationships must be maintained at all times.

b. **Check the Eligibility of the Patient.** The patient's ID card should be checked to ensure the patient's identity.

c. **Obtain the Original Prescription from the File or Select a "Refill" Sheet.** Follow your local SOP to complete this step.

d. **Prepare the Required Form.** On the back of the prescription form or on the uniformly maintained record that indicates “refills” you must record the following information: the date of the refill, the amount of medication dispensed, your initials, and the prescription number.

e. **Select the Appropriate Drug Formulation (Drug, Strength, and Dosage Form).** Select the product from the shelf carefully.

f. **Check Visual Identification of the Drug Against the Prescription Label.** Ensure that the patient is notified when you have to substitute for a drug of a different trade name, but of the same generic equivalent. Be careful not to confuse drugs that look alike or have names that sound alike.

g. **Package the Refill.** If the prescription was originally dispensed in a plastic container, a new container with a new child-resistant top should be prepared to contain the medication. This means that a new label must be placed on the plastic container. If the prescription were originally dispensed in a glass container, a new child-resistant top should be placed on the container. The label on the glass container should be replaced if the original label were marred or defaced.

h. **Record Scheduled Refills.** Record Scheduled Refills in the Refill Register or in a Uniformly Maintained Record Designating “Schedule Refills.”

i. **Record Refills for Controlled Substances on DD Form 3862 (Controlled Substances Stock Record).** Note R items cannot be refilled. A separate record must be kept on all scheduled items. Note Q items will not be refilled unless authorized by the prescriber in the original prescription. If the prescriber authorized refills, the prescription cannot be refilled more than 5 times nor after 6 months from the initial issue date.

NOTE: Of course, steps such as evaluating the prescription would occur at this point as in the major task of filling the prescription.

**Continue with Exercises**

## EXERCISES, LESSON 4

**INSTRUCTIONS:** The following exercises are to be answered by marking the lettered response that best answers the question; or by completing the incomplete statement; or by writing the answer in the space provided at the end of the question.

After you have completed all the exercises, turn to Part II, “Solutions to Exercises” at the end of the lesson, and check your answers with the Academy solutions.

1. Below is a group of numbered steps that contain tasks involved in the filling of a prescription. Select the sequence of steps that is the recommended sequence of filling a prescription.
  1. Evaluate the prescription.
  2. Receive the prescription.
  3. Interpret the prescription.
  4. Label the prescription.
  5. Fill the prescription.
  6. Evaluate the completed prescription.
  7. Issue the medication.
  8. File the prescription.
  - a. 1, 3, 2, 4, 6, 5, 7, 8.
  - b. 2, 3, 1, 5, 4, 7, 6, 8.
  - c. 2, 3, 1, 5, 4, 6, 7, 8.
  - d. 2, 3, 1, 4, 5, 6, 8, 7.

2. Select the statement that best describes a step involved in evaluating the prescription.
  - a. Interpret the signa.
  - b. Check for possible drug interactions.
  - c. Gather the ingredients.
  - d. Select the appropriate drug formulation.
  
3. You are given the prescription form and typed label below. Select the statement that best describes why the prescription label should/should not be dispensed as it is.

DD FORM 1289  
DOD PRESCRIPTION

(Full name, address & phone number) (if under 18 years, give age)

Joseph Thompson (Age 6)  
125 Happiness Lane  
Kirby TX 811-4106

MEDICAL FACILITY: Alamo Army Hosp DATE: 13 Sept 84

Rx: Cleocin Pediatric 75mg/5ml  
Disp: 150ml  
Sig: ss tsp Q.I.D. for 10 days.

MFG: Upjohn	EXP DATE: 9/85
LOT NO: 19A4C3	FILLED BY: [Signature]
10903	Franklin Pierce, MD
R NUMBER	M.A.S. MC

EDITION OF 1 JAN 82 MAY BE USED.

**ALAMO ARMY HOSPITAL**  
FT. DAVY CROCKETT, TEXAS 221-2351

FOR Joseph Thompson 13 Sept 84  
Take one-half (½) teaspoonful  
four (4) times daily for 10 days.  
Cleocin Pediatric 75 mg/5 ml  
150 ml.  
10903 /BDA Pierce/jwt

KEEP OUT OF REACH OF CHILDREN

- a. Dispense the label as it is--the label meets all requirements.
- b. Do not dispense the label--the label does not show the name of the person who filled the prescription.
- c. Do not dispense the label--the label does not show the address of the pharmacy.
- d. Do not dispense the label--the label does not contain the correct information when compared to the prescription form.

4. You receive the prescription below. Select the statement that best describes why the prescription should/should not be filled.

DD FORM 1289 DOD PRESCRIPTION	
PATIENT (Full name, address & phone number. If under 18 years, give age.)	
Alice Jones (Dep/Col)	
105 Erdann Rd	
Ft. Sam Houston, TX 653-1010	
CLINICAL FACILITY BY	DATE
Alamo Army Hosp	14 Sept 84
Rx	Ch. No.
Diazepam Tabs #10 (TEN)	002
Sig: $\dot{\bar{t}}$ tab as needed for muscle spasms	
*FOR INSTRUCTIONAL USE ONLY*	
No Refills	
REF. NO.	EXP. DATE
LOT NO.	FILLED BY
	James Jones 146-72-1101
	James Jones, M.D.
	COL, M.C. USA.
R NUMBER	SIGNATURE
	COL M.C. USA.

EDITION OF 1 JAN 83 MAY BE USED

- Fill the prescription as it is written.
- Do not fill the prescription: The prescriber is not authorized to prescribe this substance for his dependents.
- Do not fill the prescription: The prescriber is not authorized to prescribe this substance.
- Do not fill the prescription: The prescription does not contain the age of the patient.

5. You receive the prescription below. Select the statement that best describes why the prescription should/should not be filled.

DD FORM 1289 NOV 51 DOD PRESCRIPTION	
FOR (Full name, address & phone number) (If under 17 years, give age)	
SP5 Van Jamison	
Co B, 3rd Bn	
AHS	
622-1101	
MEDICAL FACILITY	DATE
Alamo Army Hosp	30 Aug 64
Rx Lomotil	
Disp: 20 tablets	
Sig: Take 2 tablets immediately.	
Then take one tablet four times	
a day	
To be filled only at Alamo	
Hospital Pharmacy	
"FOR INSTRUCTIONAL USE ONLY"	
No Refills	
MPER	EXP DATE
LOT NO	FILL BY
10001	Ralph Jacobs, PA
NUMBER	SIGNATURE, RANK AND GRADE
	Ralph Jacobs, USA
	118 56-327a

EDITION OF 1 JAN 60 MAY BE USED.

- Fill the prescription as it is written.
- Do not fill the prescription: The prescriber is not authorized to write for that medication.
- Do not fill the prescription: The prescriber has written for too many tablets.
- Do not fill the prescription: The age of the patient is not written on the prescription.

6. You receive the prescription below. Select the statement that best describes why the prescription should/should not be filled.

JAMES F. ANDREWS, M.D.  
108 Mockingbird Lane  
San Antonio, Texas 78217  
(512) 656-5878

Patient's Name: Betsy Jacobs Date: 14 Nov 84  
(Dep/Col) 341-6103

Rx  
Amcill — 250 mg capsules  
Disp: 40 capsules  
Sig: Take  $\dot{\bar{i}}$  cap q 6h for 10 days  
James F. Andrews, M.D.

NOTE: Your pharmacy does not stock Amcill®, Parke-Davis' brand of ampicillin. The state in which your pharmacy is located does not allow generic substitution.

- Fill the prescription with any brand of ampicillin (250 mg capsules) since the patient is active duty.
- Do not fill the prescription: The prescriber is a civilian who has a practice off-post.
- Do not fill the prescription: It is not written on a DD 1289.
- Do not fill the prescription until you have obtained the approval of the prescriber to substitute your ampicillin.

7. You receive the prescription below. Select the statement that best describes why the prescription should/should not be filled.

AF FORM 781 (REVISED) JUL 76		MULTIPLE ITEM PRESCRIPTION		THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974, DSB PLAN/LET 743-10 FORM 3001.		
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	Aspirin tablets	5 gr	250	ii Tab as needed for pain, alternate = acetaminophen.		N.R.
2	Acetaminophen Tablet	32.4mg	250	ii Tab as needed for pain, alternate = ASA		N.R.
3	Myoflex Creme		1 lb. Jan	Rub into knee Twice daily		N.R.
4	Selenium Sulfide lotion	2 1/2%	2 oz bottle	Apply as directed to scalp.		N.R.
NAME OF PATIENT Betsey Jacobs (Dep/Col)				SIGNATURE OF PRESCRIBER John C. Jacobs		
ADDRESS				PRESCRIBER IDENTIFICATION (NAME, SSAN or SHOS, Grade, Degree, Service and Facility) John C. Jacobs, M3243-62-1049 COL, MC		
TELEPHONE 633-4060		AGE 40	DATE 1 Nov 84			
REMARKS (For use of pharmacist)				44-11-1001-1 870		

- Fill the prescription as it is written.
- Do not fill the prescription since filling it would present some difficulties.
- Do not fill the prescription since the prescriber is not authorized to write for those medications.
- Do not fill the prescription since the address of the patient is not written on the prescription.

8. You receive the prescription below. Select the statement that best describes why the prescription should/should not be filled.

DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 17 years, give age.)	
PFC Alice Goetz	
Co. B, 3rd BN	
AHS	
MEDICAL FACILITY	DATE
Alamo Army Hosp	29 Aug 84
Rx Lomotil	
Disp: 20 Tablets	
Sig: $\dot{i}$ tablets immediately.	
Then take $\dot{i}$ tab q.i.d.	
To be filled only at Alamo Hospital Pharmacy.	
"FOR INSTRUCTIONAL USE ONLY"	
No Refills	
UPPER	EXP DATE
LOT NO	Peter Johnson
10019	Peter Johnson, AMOIST
R NUMBER	SPS, USA
EDITION OF 1 JAN 80 MAY BE USED	

- Fill the prescription as it is written.
- Do not fill the prescription: The prescriber is not authorized to prescribe for Lomotil.
- Do not fill the prescription: The prescriber is not authorized to prescribe more than 10 Lomotil tablets.
- Do not fill the prescription: The prescription has not been countersigned by the NCOIG of the clinic.

9. You receive a request for a refill on the prescription below. Select the statement that best describes why the prescription should/should not be refilled.

DD FORM 1289 NOV 73 DDD PRESCRIPTION	
*Go (Full name, address & phone number.) (If under 13 years, give age.)	
LTC Jonathan Sims	
Co A, 3rd BN	
AHS 634-1010	
MEDICAL FACILITY	DATE
Alamo Army Hosp	1 Aug 84
Rx	Qty. Pres.
Diagepam # 20 (TWENTY)	002
Sig: $\dot{\bar{i}}$ tab as needed for muscle spasms.	
*FOR INSTRUCTIONAL USE ONLY*	
2 Refills	
WFCR: Kothke	EXP DATE 5/85
LOT NO: 3A411	PREPARED BY: J. Anderson
100094	James Anderson, M.D.
R NUMBER	DOJ MC 146-49-101
EDITION OF 1 JAN 81 MAY BE USED	

- Refill the prescription as requested.
- Do not refill the prescription: AR 40-2 does not authorize the refilling of prescriptions for this substance.
- Do not refill the prescription: The patient just had the prescription filled three weeks ago.
- Do not refill the prescription: The age of the patient is not written on the form.

10. You receive a request to refill the prescription below. Select the statement that best describes why the prescription should/should not be refilled.

DD FORM 1289 MAY 81 DOD PRESCRIPTION	
PATIENT (Full name, address & phone number) (All under 22 years, give age)	
Amelia Shepherd (dep/MAJ)	
151 Pierce Road	
Ft. Sam Houston TX	
PHYSICAL FACILITY	DATE
Alamo Army Hosp	21 Nov 84
Rx	
Meperidine HCl Tabs 050	
# 20 (TWENTY)	
Sig: $\dot{\bar{i}}$ tab q 4h as needed for pain	
*FOR INSTITUTIONAL USE ONLY*	
2 Refills	
SUPER. AUTHORITY	EXP. DATE
Whithay	8/86
LOT NO. A103A	FILE NO. 101
101693	William Sills
R. NUMBER	SIGNATURE, NAME AND DEGREE
	WILLIAM SILLS, MD CPT M.C. 146-21-211
EDITION OF 1 JAN 81 MAY BE USED	

- Refill the prescription as requested.
- Do not refill the prescription. Your records show the patient had the prescription filled one week ago.
- Do not refill the prescription: The prescriber is not authorized to prescribe refills for the drug.
- Do not refill the prescription: The prescriber has recently been transferred to another duty station and you cannot verify refill authorization.

**Check Your Answers on Next Page**

## **SOLUTIONS TO EXERCISES, LESSON 4.**

1. c (para 4-3 a, b, c, d, e, f, g, h)
2. b (para 4-3c )
3. a (para 4-3 f, g, 3-13)
4. a (para 3-1d, 3-8a)
5. a (para 3-id, 3-8g)
6. d (para 3-1c, 3-8 important note)
7. a (para 3-2, 3-8)
8. b (para 3-8h)
9. a (para 3-10b).
10. c (para 3-8g)

**End of Lesson 4**