

RX INCIDENT REPORT FORM

PHARMACY INFORMATION

Pharmacy Name _____ Phone _____

Pharmacy Address _____
Street

Pharmacy Address _____
City State Zip Code

PATIENT INFORMATION

Patient Name _____ Gender M F
First Last

Date of Birth ____/____/____ Phone No. _____

Address _____
Street

Address _____
City State Zip Code

Name of Parent/Guardian (if minor) _____
First Last

INCIDENT INFORMATION

Date of Incident _____ Incident Reported _____

RX No. _____ New or Refill Prescription Scanned? Y N

Prescribed Drug/Strength _____

Directions _____

Quantity Prescribed _____ Quantity Ingested/Applied _____

Quantity Dispensed _____ Quantity Returned _____

Verifying/Filling Pharmacist _____
Name License No.

Other Personnel Involved and License/Registration Number: _____

Pharmacist Description of Incident: _____

- 1) Patient Allegedly received wrong drug
- 2) Patient allegedly received incorrect drug strength
- 3) Patient allegedly received incorrect dosage form
- 4) Drug allegedly received by wrong patient
- 5) Allegedly dispensed inadequate or incorrect packaging, labeling, or directions
- 6) Allegedly dispensed drug to a patient in a situation that resulted in or has the potential to result in serious harm to the patient.

Was Prescriber Contacted? Y N Prescriber's Name _____

Signatures of All Pharmacy Employees involved in the Incident _____

