

Data Entry

Date: _____

- DAW
- Origin
- Treatment Type
- NDC
- SIG
- Drug QTY
- Patient
- Refills
- Days Supply
- Written Date
- Fill Date
- Medication Duplication
- Prescriber Info
- Prescriber

RX #: _____

Verification

- Planner/RXSafe
- Planner/Dispill
- Med Timing
- Med Discontinued
- New Med not added to planner
- Wrong fill

Point of Sale:

- Med Left in Fridge
- Product not reconstituted
- Note not reviewed

Other:

Dispensing

- IOU Error
- Bypassing ET
- Product/Vial
- Dispensing Qty/Prescribe Qty Mismatch
- Missing Opioid Sticker
- Scanned to wrong bin

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