

Prescriber's Report

To be timely, this report must be **received within ten (10) days of each time you prescribe** any mood-altering or controlled substance.

FAXES & SCANS VIA EMAIL ARE ACCEPTABLE – BUT YOUR ORIGINAL SIGNATURE DOCUMENT MUST ALSO BE RECEIVED

The individual asking you to complete this form is a person monitored under a Virginia Board Order. ● They “shall not use alcohol or any other mood altering chemical, except as prescribed by a health care practitioner with whom she or he has a bona fide practitioner-patient relationship and for accepted medicinal or therapeutic purposes”. ● The monitored person is Ordered to ensure that you submit a timely written report to the Board within ten (10) days of the date any Schedule II-V controlled medication is prescribed, until the monitored person is released in writing from the Order. ● The Order is a public document that may be obtained from the individual, or online from the Board’s webpage or, if the monitored person is an RN or LPN, from Nursys.com.

Patient's Name: _____ **License / Certificate / Registration #:** _____

I have a bona fide practitioner-patient relationship with the person asking me to complete this form: Yes No

I have read a complete copy of the patient's Board Order: Yes No

<u>Prescribed Medication</u>	<u>Strength / Dose / Quantity</u>	<u>Therapeutic Purpose</u>	<u>Last Date Prescribed</u>	<u>Number of Refills</u>

Prescriber's Signature _____

Prescriber's Name _____

Date Report is Submitted _____

Name of Practice _____

Practice Address _____

City/State/Zip _____

Telephone Number _____

Email Address _____

EXPLANATIONS / QUESTIONS / CONCERNS / COMMENTS Your cooperation is appreciated. If you have any questions, concerns or comments, please feel free to list them on the reverse of this page and to contact the Nursing Compliance Case Manager.