

PRESCRIPTION (Rx) REPORT

To the Prescriber: Anyone asking you to complete this form has been placed under terms of an Order by their health profession's licensing board; BE SURE YOU KNOW WHICH BOARD LICENSES YOUR PATIENT. A copy of that Order can be obtained from the licensee or on the agency's website: www.dhp.virginia.gov

A written report from any prescriber must be sent to the Board within ten (10) days each time any mood-altering substance, or any Schedule II-V controlled substance, is prescribed to the licensee, according to the terms of the Order. **Please print clearly.**

Patient's name: _____

I have a copy of the above Order: Yes No

I have a bona fide practitioner/patient relationship with this person: Yes No

| Prescribed drug, strength, quantity, & prescribed dosage: | Accepted medicinal / therapeutic purpose: | # of refills: | Date of Rx |
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Prescriber's Name: _____

License #: _____ State Licensed: _____

Name of Practice: _____

Practice Address: _____

Signature

Date