

## Prescription Dispensing Skill Affidavit Form for 728-743

### ***FINAL CHECK***

#### **Verification of Prescription Order and Product Dispensed**

- Patient name and date of birth
- Prescriber name
- Date of fill
- Drug name (brand and / or generic)
- Drug strength
- Dosage form
- Quantity
- Directions for use
- Refills
- Expiration date
- Auxiliary label(s)
- Patient address on prescription hard copy
- Prescriber address / DEA number on prescription hard copy
- Appropriate pharmacist documentation on prescription hard copy
- Insurance coverage / formulary management
- Visual inspection of vial contents

I (clinical instructor signature / date) \_\_\_\_\_ certify that  
\_\_\_\_\_ has demonstrated competency in the above skills of  
prescription verification with a level of accuracy reflective of that necessary for practice as a  
licensed pharmacist.