# Dispensing Error Incident Form

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Drug Name/Strength</th>
<th>Prescription Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone</th>
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<table>
<thead>
<tr>
<th>Patient Age</th>
<th>Date Incident Discovered</th>
<th>Date of Dispensing</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Incident Discovered By:**

**Dispensing Pharmacist:**

- [ ] New Rx
- [ ] Repeat Rx

**Nature of Incident:**

- [ ] Incorrect Drug
- [ ] Incorrect Directions
- [ ] Incorrect Dosage Form
- [ ] Incorrect Patient
- [ ] Incorrect Strength
- [ ] Incorrect Brand
- [ ] Incorrect Quantity
- [ ] Outdated Medication
- [ ] Verbal Disagreement
- [ ] Other (please specify):

**Details of Incident:**

**Was Drug Ingested?**

- [ ] Yes
- [ ] No

**If yes, was medical attention required?**

**Patient Contacted By:**

**Date/Time:**

**Prescriber Contacted By:**

**Date/Time:**

**Prescriber's Name:**

**Telephone:**

**Prescriber's Comments:**

**Reason for Incident:**

**Corrective Action(s) Taken:**

**Patient Name:**

**Drug Name/Strength:**

**Prescription Number:**

**Address:**

**Telephone:**

**Patient Contacted By:**

**Date/Time:**

**Prescriber Contacted By:**

**Date/Time:**

**Prescriber's Name:**

**Telephone:**

**Prescriber's Comments:**

**Reason for Incident:**

**Corrective Action(s) Taken:**

**Patient Name:**

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**Address:**

**Telephone:**

**Patient Contacted By:**

**Date/Time:**

**Prescriber Contacted By:**

**Date/Time:**

**Prescriber's Name:**

**Telephone:**

**Prescriber's Comments:**

**Reason for Incident:**

**Corrective Action(s) Taken:**