



Dispensing Error Incident Form

PATIENT NAME

DRUG NAME/STRENGTH

PRESCRIPTION NUMBER

ADDRESS

TELEPHONE

PATIENT AGE

DATE INCIDENT DISCOVERED

DATE OF DISPENSING

INCIDENT DISCOVERED BY

DISPENSING PHARMACIST

☐ New Rx

☐ Repeat Rx

NATURE OF INCIDENT:

☐ Incorrect Drug

☐ Incorrect Strength

☐ Verbal Disagreement

☐ Incorrect Directions

☐ Incorrect Brand

☐ Other (please specify):

☐ Incorrect Dosage Form

☐ Incorrect Quantity

☐ Incorrect Patient

☐ Outdated Medication

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