

# Prescription Audit Compliance Summary

Date: [Insert Date]

To: [Recipient's Name]

From: [Your Name]

Department: [Your Department]

Subject: Prescription Audit Compliance Summary

## Overview

This document serves as a summary of the recent audit conducted on prescription compliance within our facility.

## Audit Details

- Audit Period: [Start Date] to [End Date]
- Total Prescriptions Reviewed: [Number]
- Compliance Rate: [Percentage]%

## Findings

During the audit, the following key findings were identified:

1. Prescriptions with missing signatures: [Number]
2. Inaccurate dosages noted: [Number]
3. Expired medications prescribed: [Number]

## Recommendations

To improve compliance, the following actions are recommended:

- Enhance training for prescribing staff.
- Implement a double-check system for high-risk medications.
- Conduct quarterly audits to monitor compliance trends.

## Conclusion

We appreciate the cooperation of all staff members during this audit. Continuous improvement is essential for maintaining the highest standards of patient care.

Best Regards,

[Your Name]

[Your Title]

[Your Contact Information]