Prescription Error Report

Date: [Insert Date]

To: [Name of Pharmacy Manager]

Pharmacy Name: [Insert Pharmacy Name]

Address: [Insert Pharmacy Address]

Phone Number: [Insert Phone Number]

Patient Information

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Prescription Details

Prescription Number: [Insert Prescription Number]

Date of Prescription: [Insert Date]

Medication Name: [Insert Medication Name]

Dosage Instructions: [Insert Dosage Instructions]

Error Description

[Describe the error that occurred, including how it was identified and any relevant details.]

Actions Taken

[Describe any corrective actions taken or needed to resolve the issue.]

Submitted By

Name: [Insert Your Name]

Title: [Insert Your Title]

Contact Information: [Insert Your Contact Info]

Signature

[Signature]