Ontario College of Pharmacists
Putting patients first since 1871

Dispensing Error Incident Form

PATIENT NAME ..... DRUG NAME/STRENGTH ..... PRESCRIPTION NUMBER .....

ADDRESS ..... TELEPHONE .....

PATIENT AGE ..... DATE INCIDENT DISCOVERED ..... DATE OF DISPENSING .....

❑ 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❑ Outdated Medication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: .....

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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 .....

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REASON FOR INCIDENT .....

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CORRECTIVE ACTION(S) TAKEN .....

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PHARMACY CONNECTION March/April 1995