
U. S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
FORT SAM HOUSTON, TEXAS 78234

PRESCRIPTION INTERPRETATION



SUBCOURSE MD0801

EDITION 100

DEVELOPMENT

This subcourse is approved for resident and correspondence course instruction. It reflects the current thought of the Academy of Health Sciences and conforms to printed Department of the Army doctrine as closely as currently possible. Development and progress render such doctrine continuously subject to change.

The instructional systems specialist for the revision of this version of the subcourse was: Mr. John Arreguin; AMEDDC&S, ATTN: MCCS-HCP, 3151 Scott Road, Fort Sam Houston, TX 78234; DSN 471-8958; john.arreguin@amedd.army.mil.

The subject matter expert responsible for the revision of this version of the subcourse was: MSG Karen K. Reynolds, MCCS-HCP, Pharmacy Branch, Department of Clinical Support Services.

ADMINISTRATION

Students who desire credit hours for this correspondence subcourse must meet eligibility requirements and must enroll through the Nonresident Instruction Branch of the U.S. Army Medical Department Center and School (AMEDDC&S).

Application for enrollment should be made at the Internet website: <http://www.atrrs.army.mil>. You can access the course catalog in the upper right corner. Enter School Code 555 for medical correspondence courses. Copy down the course number and title. To apply for enrollment, return to the main ATRRS screen and scroll down the right side for ATRRS Channels. Click on SELF DEVELOPMENT to open the application and then follow the on screen instructions.

In general, eligible personnel include enlisted personnel of all components of the U.S. Army who hold an AMEDD MOS or MOS 18D. Officer personnel, members of other branches of the Armed Forces, and civilian employees will be considered eligible based upon their AOC, NEC, AFSC or Job Series which will verify job relevance. Applicants who wish to be considered for a waiver should submit justification to the Nonresident Instruction Branch at e-mail address: accp@amedd.army.mil.

For comments or questions regarding enrollment, student records, or shipments, contact the Nonresident Instruction Branch at DSN 471-5877, commercial (210) 221-5877, toll-free 1-800-344-2380; fax: 210-221-4012 or DSN 471-4012, e-mail accp@amedd.army.mil, or write to:

NONRESIDENT INSTRUCTION BRANCH
AMEDDC&S
ATTN: MCCS-HSN
2105 11TH STREET SUITE 4191
FORT SAM HOUSTON TX 78234-5064

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**CORRESPONDENCE COURSE OF
THE U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL**

SUBCOURSE MD0801

PRESCRIPTION INTERPRETATION

INTRODUCTION

The prescription is a vital link between the physician and pharmacy personnel. The prescription states the drug and the dose of that drug the patient must receive. If the prescription is not properly interpreted, the patient could suffer injury or death. Therefore, it is necessary for you to understand the different parts of a prescription and the terminology associated with the prescription.

Prescription Interpretation is the first subcourse in the Pharmacy Specialist Program. The skills and knowledge you gain from reviewing/studying the material in this subcourse will serve you as you complete other subcourses and as you work on the job.

Subcourse Components:

This subcourse consists of 1 lesson and an examination. The lesson is:

Interpretation of a Prescription Form.

Credit Awarded:

Upon successful completion of this subcourse, you will be awarded 3 credit hours.

Lesson Materials Furnished:

Lesson materials provided include this booklet, an examination answer sheet, and an envelope. Answer sheets are not provided for individual lessons in this subcourse because you are to grade your own lessons. Exercises and solutions for all lessons are contained in this booklet. You must furnish a #2 pencil.

Procedures for Subcourse Completion:

You are encouraged to complete the subcourse section by section. When you have completed all of the sections to your satisfaction, fill out the examination answer sheet and mail it to the Academy along with the Student Comment Sheet in the envelope provided. Be sure that your social security number is on all correspondence sent to the Academy. You will be notified by return mail of the examination results. Your grade on the exam will be your rating for the subcourse.

Student Comment Sheet:

Be sure to provide us with your suggestions and criticisms by filling out the Student Comment Sheet (found at the back of this booklet) and returning it to us with your examination answer sheet. In this way, you will help us to improve the quality of this subcourse.

IMPORTANT NOTE:

THE DESIGN OF THE SUBCOURSE

This subcourse is composed of four parts. Part one consists of a pretest that gives you the opportunity to identify your specific learning needs in relation to prescription interpretation. Depending upon how you perform on the pretest, you can proceed to one of the three remaining parts of the subcourse. These parts are written in the programmed text format. Part two discusses the prescription blank (DD Form 1289) in detail. Part three presents the language of the prescription: pharmaceutical Latin. Part four provides you with the opportunity to practice your prescription interpretation skills.

Again, parts two, three, and four of this subcourse are written in programmed text format. This means that you will be expected to read some information and then answer a question that immediately follows that information. These questions may seem very easy to some of you because of your pharmacy experience. Remember, if you need to study/review an area, you should read the information section, answer the question under the section, and check your answer with the supplied answer. If you discover that you have made an error in answering a question, read the information preceding it again to locate the correct answer to the question. Then, go the next segment of information.

PRETEST

I. COMMENTS: We all want to use our time wisely. As you know, studying material you already know is not always exciting or helpful. That's the way it is with prescription interpretation. If you already know how to interpret a prescription, why spend your valuable time studying that area? This pretest is designed to help you to identify the topics (if any) you need to review/study before you go to the examination of this subcourse.

You will be the only person to know how you performed on this pretest. Your performance on the pretest will in no way be part of your score on the examination for this subcourse.

Do your best on the pretest. How well you perform on the pretest will determine how much of the subcourse you will need to study/review before you go to the final examination.

II. DIRECTIONS: Please follow the directions as closely as possible. The pay-off for you will be the wise use of your time.

STEP 1. Carefully read the directions for the pretest.

STEP 2. Get prepared to take the pretest. You will need a pencil or a pen, the pretest (pages 1-6), and a quiet place to take the pretest. (NOTE: Relax, a cup of coffee or a cool drink might help you get in a proper frame of mind.)

STEP 3. Complete the pretest. Carefully read the question and each possible response to that question. Circle the letter which corresponds to the answer you choose. Take as long as you need to complete the test. Remember: The pretest is designed to measure what you know, not how quickly you can answer the questions.

STEP 4. Review your work. Make sure you have circled the letters corresponding to the answers you selected.

STEP 5. Check your responses with the answer key (page 7) and mark each of your responses as either correct or incorrect.

STEP 6. Complete the Pretest Feedback Sheet. Read the instructions on that sheet to determine how to complete the form.

STEP 7. Follow the directions on the Pretest Feedback Sheet. You may be instructed to review/study all the subcourse or you may be told to go directly to certain parts of the subcourse in order to begin your study efforts.

PRETEST

1. From the forms below, select the approved one-item prescription form used at Army medical treatment facilities.

- a. DA Form 1289.
- b. DD Form 1289.
- c. DA Form 3849.
- d. DA Form 40-2.

In Questions 2 through 13, select the meaning of the presented Latin term or abbreviation.

2. b.i.d.

- a. Every 6 hours.
- b. Every 24 hours.
- c. Twice daily.
- d. Three times daily.

3. a.c.

- a. Before meals.
- b. After meals.
- c. Without food.
- d. Without sleep.

4. gr.

- a. Gram.
- b. Grain.
- c. Grated.
- d. Grease.

5. gtt.

- a. Grated.
- b. Drop.
- c. Grain.
- d. Gram.

6. $\bar{c}$
- a. With meals.
 - b. And.
 - c. With.
 - d. Without.
7. $\overline{aa}$
- a. Before meals.
 - b. Of each.
 - c. Freely, at pleasure.
 - d. After meals.
8. cap
- a. Covering.
 - b. Capsule.
 - c. Dispense in a capped container.
 - d. Protect from the atmosphere.
9. h.s.
- a. At bedtime.
 - b. Before meals.
 - c. After meals.
 - d. After the prescribed manner.
10. N.R.
- a. No rum (or other alcoholic beverage) is to be taken with the drug.
 - b. No refills.
 - c. No record is to be released.
 - d. No food at bedtime.
11. O.D.
- a. Overdose.
 - b. Right eye.
 - c. Excessive dosage.
 - d. One half.

12. q.i.d.
- a. Every four hours.
 - b. Every three hours.
 - c. Every other day.
 - d. Four times a day.

13. $\overline{ss}$
- a. Without.
 - b. With.
 - c. A sufficient quantity.
 - d. One half.

In Questions 14 through 18, select the appropriate action verb to be used for the given dosage form.

14. Ointment (for application to the skin)

- a. Take.
- b. Instill.
- c. Insert.
- d. Apply.

15. Emulsion (Internal)

- a. Take.
- b. Instill.
- c. Insert.
- d. Apply.

16. A liquid eye preparation

- a. Take.
- b. Instill or place.
- c. Insert.
- d. Apply.

17. Suppository

- a. Insert.
- b. Instill.
- c. Take.
- d. Apply.

18. Tablet

- a. Take.
- b. Instill.
- c. Insert.
- d. Apply.

In Questions 19 through 23, a signa is shown which might appear on a prescription. From the list of choices immediately under the signa, select the best translation of the signa.

19. Tabs i p.o. q.i.d.

- a. Take 1 tablet by mouth three times a day.
- b. Take 1 tablet four times a day.
- c. Take 1 tablet as directed.
- d. Take 1 tablet every 8 hours.

20. i suppository in rectum q 4 h.

- a. Instill one suppository every four days.
- b. Insert one suppository in the rectum every four hours.
- c. Insert one suppository in the rectum four times daily.
- d. Insert one suppository in the rectum every eight hours.

21. gtt ii p.o. q.d.

- a. Instill two drops in the mouth four times daily.
- b. Take two drops by mouth four times daily.
- c. Take two drops by mouth every day.
- d. Take two drops by mouth every other day.

22. gtt iii O.D. g 3 h.

- a. Instill three drops in the right ear three times daily.
- b. Instill three drops in the left ear every three hours.
- c. Instill three drops in the right eye every three hours.
- d. Instill three drops in the eyes as directed.

23. 1 teaspoonful p.o. q.i.d. p.c. et h.s.
- Take one teaspoonful every six hours before meals and at bedtime.
 - Take one teaspoonful four times daily by mouth at bedtime.
 - Take one teaspoonful four times daily after meals with juice.
 - Take one teaspoonful four times daily after meals and at bedtime.

In Questions 24 and 25, refer to their respective prescriptions in order to answer the questions.

24. Prescription 100101 is written for Mandelamine tablets.

Select the strength (amount of drug per tablet) of Mandelamine tablets which is to be used to fill this prescription.

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
<i>SFC P. D. Moran</i> <i>5106 Roundtable Dr</i> <i>Roundrock, TX 610-1090</i>				
MEDICAL FACILITY <i>Alamo Army Hosp</i>			DATE <i>1 Mar 00</i>	
R_x <i>Mandelamine Tabs</i> <i>#100</i>			Gm. or ml. <i>1 00</i>	
<i>Sig: $\dot{\bar{\imath}}$ p.o. t.i.d.</i>				
<i>N.R.</i>				
MFGR: <i>W. Childcott</i>		EXP DATE: <i>4/01</i>		
LOT NO: <i>0190A</i>		FILLED BY: <i>EW7</i>		
<i>100101</i>		<i>Allen Thompson</i>		
R _x NUMBER		SIGNATURE, RANK AND DEGREE <i>PO1 M D</i>		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

- 1.0 milligrams.
- 100.0 milligrams.
- 1.0 gram.
- 100 grams.

25. The prescription below is written for Ornade™ capsules.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
<i>John Jones (SFC - Retired)</i> <i>1492 Sunset Lane</i> <i>221-2321 San Antonio, TX 78316</i>				
MEDICAL FACILITY <i>Alamo Army Hosp</i>			DATE <i>14 Apr 00</i>	
<i>R_x</i> <i>Ornade Caps</i> <i>#24</i> <i>Sig: $\dot{\bar{\imath}}$ p.o. q 12 h</i> Gm. or ml.				
<i>N.R.</i>				
MFGR: <i>SKJ</i>		EXP DATE: <i>12/00</i>		
LOT NO: <i>14116A</i>		FILLED BY: <i>CW7</i>		
<i>111125</i> R_x NUMBER		<i>Gene Griffith</i> SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

Select the number of Ornade™ capsules which are to be dispensed to John Jones.

- a. 1 capsule.
- b. 12 capsules.
- c. 24 capsules.
- d. No specific number of capsules to be dispensed is stated. Call the physician before filling the prescription.

PRETEST ANSWER SHEET

Following are the letters corresponding to the answers for the pretest you have just taken. Carefully check your pretest. Remember, each question on the pretest has a point value of 4.

1. b. DD Form 1289.
2. c. Twice daily.
3. a. Before meals.
4. b. Grain.
5. b. Drop.
6. c. With
7. b. Of each.
8. b. Capsule.
9. a. At bedtime.
10. b. No refills.
11. b. Right eye.
12. d. Four times a day.
13. d. One-half.
14. d. Apply.
15. a. Take.
16. b. Instill or place.
17. a. Insert.
18. a. Take.
19. b. Take 1 tablet four times a day.
20. b. Insert one suppository in the rectum every four hours.
21. c. Take two drops by mouth every day.
22. c. Instill three drops in the right eye every three hours.

- 23. d. Take one teaspoonful four times daily after meals and at bedtime.
- 24. c. 1.0 gram.
- 25. c. 24 capsules.

PRETEST FEEDBACK SHEET

This Pretest Feedback Sheet is designed to give you information which will help you in your study/review efforts. You have just completed the pretest. By this time you should have also self-graded the pretest. Now place a check (✓) in the blank to the right of the pretest questions you incorrectly answered. Each question has a value of 4 points.

<u>TOPIC AREA</u>	<u>QUESTION NUMBER</u>	<u>SUBCOURSE PAGES TO REVIEW</u>
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General Information	1	1-2--1-25
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	2	
	3	
	4	
	5	
	6	
	7	1-26--1-36
Latin Terms and/or Abbreviations	8	
	9	
	10	
	11	
	12	
	13	

	14	
	15	
	16	
	17	
	18	1-37--1-57
	19	
Signa Interpretations	20	
	21	
	22	
	23	

Prescription	24	1-45--1-57
Interpretation	25	

Determine the percentage score you have earned by subtracting 4 points for each question you incorrectly answered from 100. If you scored 96% or higher on the pretest, you can go directly to the final examination (unless, of course, you wish to review parts of the subcourse). If you scored less than 96% on the pretest, you should read/study the identified pages in the subcourse.

LESSON ASSIGNMENT

LESSON

Interpretation of a Prescription Form.

TEXT ASSIGNMENT

The programmed text.

TASKS TAUGHT

081-824-0001, Perform initial screening of a prescription.
081-824-0002, Fill a prescription for a non-controlled drug.
081-824-0003, Fill a prescription for a controlled drug.
081-824-0004, Fill a prescription to be compounded.
081-824-0005, Label a prescription.
081-824-0006, Refill a prescription.
081-824-0007, File a prescription.

LESSON OBJECTIVES

After completing this lesson, you should be able to:

1-1. Given several form numbers, select the number of the form used as the approved one-item prescription form at all Army medical treatment facilities.

1-2. Given several form numbers, select the number of the form used as the approved multiple-item prescription form at all Army medical treatment facilities.

1-3. Given a group of statements, select the statement which best describes the purpose of the metric line on DD Form 1289.

1-4. Given a Latin term or abbreviation which may appear on a prescription and a list of meanings, select the meaning of that term or abbreviation.

1-5. Given a signa from a prescription form and a group of statements, select the statement which is the best translation of that signa.

1-6. Given a completed one-item prescription form (DD Form 1289) and a list of alternative responses, select the following information: the name of the patient, the address of the patient, the name and or/strength of the prescribed medication, the amount of drug required to compound the product, the quantity of medication to be dispensed to the patient, the directions to the patient, refill information, and/or the name and rank of the prescriber.

LESSON

Section I. THE PRESCRIPTION FORM (ONE ITEM AND MULTIPLE-ITEM).

The One-Item Prescription (DD Form 1289)

<u>SAMPLE</u>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<u>SAMPLE</u>
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
MEDICAL FACILITY		DATE	
$\mathcal{R}$		Gm. or ml.	
MFGR:	EXP DATE:		
LOT NO:	FILLED BY:		
$\mathcal{R}$ NUMBER		SIGNATURE, RANK AND DEGREE	
<u>SAMPLE</u>		EDITION OF 1 JAN 60 MAY BE USED. <u>SAMPLE</u>	

DD Form 1289 (Department of Defense Prescription) is the approved one-item form used at Army medical treatment facilities.

Question: The approved one-item prescription form used at Army medical treatment facilities is DD Form _____.

Answer: The approved one-item prescription form used at Army medical treatment facilities is DD Form 1289.

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.)		(If under 12 years, give age.)	
BLOCK 1			
MEDICAL FACILITY		DATE	
<i>Rx</i> <i>Gm. or ml.</i>			
MFGR:		EXP DATE:	
LOT NO:		FILLED BY:	
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

There are eight major parts to each prescription. The first of these parts, Block 1, contains the information which identifies the patient. It will have the full name and address or telephone number of the patient. On prescriptions for children twelve years of age and under, AR 40-3 recommends that the child's age be written on the form.

Question: Patient information found in Block 1 above includes the patient's _____ and address or _____.

Answer: Patient information found in Block 1 above includes the patient's name and address or telephone number.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00	
R_x		Gm. or ml.	
Aldomet Tablets Disp: 120 Sig: $\dot{+}$ p.o. QID		5	
MFGR: MSD		EXP DATE: 7/03	
LOT NO: 1148A		FILLED BY: CWT	
001022		James Dean	
R_x NUMBER		SIGNATURE RANK AND DEGREE	
SAMPLE		EDITION OF 1 JAN 60 MAY BE USED. SAMPLE	

Prescription Number

Prescription 1022 is to be dispensed to _____.

Prescription No. 1022 is to be dispensed to SFC John P. Taylor.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6 196 Jamison Place Ft Sam Houston, TX 221-6519			
MEDICAL FACILITY Dewitt Army Hosp		DATE 3 Apr 00	
R_x		Gm. or ml.	
Dimetapp Elixir Disp: 4 ounces Sig: $\dot{+}$ tsp p.o. QID			
MFGR: A.H. Robins		EXP DATE: 3/04	
LOT NO: 1462		FILLED BY: CWT	
001043		Charles Edwards	
R_x NUMBER		SIGNATURE RANK AND DEGREE	
SAMPLE		EDITION OF 1 JAN 60 MAY BE USED. SAMPLE	

Prescription Number

Prescription No. 1043 is to be dispensed to _____.

Prescription No. 1043 is to be dispensed to Mary Johnson.

<u>SAMPLE</u>		DD FORM 1 NOV 71 1289	<u>SAMPLE</u>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
MEDICAL FACILITY BLOCK 2		DATE	
<i>Rx</i>		<i>Gm. or ml.</i>	
MFGR:		EXP DATE:	
LOT NO:		FILLED BY:	
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE	
<u>SAMPLE</u> EDITION OF 1 JAN 60 MAY BE USED. <u>SAMPLE</u>			

The second part of the prescription form, Block 2, identifies the medical facility where the prescription was written. It may also contain the name of the clinic or department at that facility.

Question: Block 2 identifies the _____ where the prescription was written.

Answer: Block 2 identifies the medical facility where the prescription was written.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453				
MEDICAL FACILITY Alamo Army Hosp			DATE 6 Mar 00	
Rx Aldomet Tablets Disp: 120 Sig: $\dot{+}$ p.o. QID Gm. or ml. 5				
MFGR: MSD		EXP DATE: 7/03		
LOT NO: 7748A		FILLED BY: CWT		
001022 Rx NUMBER		James Dean CPT M.D. SIGNATURE RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

Prescription 1022 was written at _____
_____.

Prescription No. 1022 was written at
Alamo Army Hospital.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
Mary Johnson, Age 6 196 Jamison Place Ft Sam Houston, TX 221-6519				
MEDICAL FACILITY DeWitt Army Hosp			DATE 3 Apr 00	
Rx Dimetapp Elixir Disp: 4 ounces Sig: $\dot{+}$ tsp p.o. QID Gm. or ml.				
MFGR: A.H. Robins		EXP DATE: 3/04		
LOT NO: 1462		FILLED BY: CWT		
001043 Rx NUMBER		Charles Edwards MAJ M.D. SIGNATURE RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

Prescription 1043 was written at _____
_____.

Prescription No. 1043 was written at
DeWitt Army Hospital.

<u>SAMPLE</u>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<u>SAMPLE</u>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE BLOCK 3	
<i>Rx</i>			<i>Gm. or ml.</i>	
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE		
<u>SAMPLE</u> EDITION OF 1 JAN 60 MAY BE USED. <u>SAMPLE</u>				

Prescriptions shall be dated as of the day they are written. This information is found in Block 3.

Question: Block 3 tells what _____ the prescription was written.

Answer: Block 3 tells what date the prescription was written.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00	
R_x		Gm. or ml.	
Aldomet Tablets Disp: 120 Sig: $\dot{+}$ p.o. QID		5	
MFGR: MSD		EXP DATE: 7/03	
LOT NO: 1148A		FILLED BY: CWT	
001022 Rx NUMBER		James Dean CPT, M.D. SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

Prescription 1022 was written on _____.

Prescription 1022 was written on 6 March 2000.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6 196 Jamison Place Ft Sam Houston, TX 221-6519			
MEDICAL FACILITY Dewitt Army Hosp		DATE 3 Apr 00	
R_x		Gm. or ml.	
Dimetapp Elixir Disp: 4 ounces Sig: $\dot{+}$ tsp p.o. QID			
MFGR: A.H. Robins		EXP DATE: 3/04	
LOT NO: 1462		FILLED BY: CWT	
001043 Rx NUMBER		Charles Edwards MAJ, M.D. SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

Prescription 1043 was written on _____.

Prescription 1043 was written on 3 April 2000.

<u>SAMPLE</u>		DD FORM 1 NOV 71 1289	<u>SAMPLE</u>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
MEDICAL FACILITY		DATE	
<i>Rx</i>		<i>Gm. or mL.</i> BLOCK 4	
MFGR:		EXP. DATE:	
LOT NO:		FILLED BY:	
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE	
<u>SAMPLE</u> EDITION OF 1 JAN 60 MAY BE USED. <u>SAMPLE</u>			

An important part of the prescription consists of one line, as shown in Block 4. This is the metric line. It serves as a decimal point when quantities or strengths are prescribed using the metric system. If the drug or chemical is a solid, the unit of weight specified by the metric line will be grams. If it is a liquid, the unit of measure will be milliliters.

Question: The metric line serves as a _____ when quantities or strengths are prescribed using the metric system.

Answer: The metric line serves as a decimal point when quantities or strengths are prescribed using the metric system.

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
<i>Rx</i>		Gm. or ml.		
A solid		1 5		
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

The prescription calls for _____ of a solid.

This prescription calls for 1.5 grams of a solid.

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
<i>Rx</i>		Gm. or ml.		
A liquid		4 8		
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

This prescription calls for _____ of a liquid.

This prescription calls for 4.8 milliliters of a liquid.

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE															
FOR (Full name, address & phone number.) (If under 12 years, give age.)																		
CPT Robert Wallace 1025 Barrington Ft Sam Houston, TX 221-6304																		
MEDICAL FACILITY		DATE																
Alamo Army Hosp		4 March 2000																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; vertical-align: top;">R_x</td> <td style="width: 85%;"></td> <td style="width: 10%; text-align: center; font-size: small;">Gm. or ml.</td> </tr> <tr> <td></td> <td>Menthol crystals 10</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td>Ethyl alcohol 80</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td>Dist. H₂O</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">q.s.a.d. 120</td> <td style="text-align: center;">0</td> </tr> </table>				R_x		Gm. or ml.		Menthol crystals 10	0		Ethyl alcohol 80	0		Dist. H ₂ O			q.s.a.d. 120	0
R_x		Gm. or ml.																
	Menthol crystals 10	0																
	Ethyl alcohol 80	0																
	Dist. H ₂ O																	
	q.s.a.d. 120	0																
MFGR:		EXP DATE:																
LOT NO:		FILLED BY:																
		Harold Jones MAJ MD																
Rx NUMBER		SIGNATURE, RANK AND DEGREE																
SAMPLE		SAMPLE																
EDITION OF 1 JAN 60 MAY BE USED.																		

How much of each ingredient is called for in this prescription? (specify units)

Menthol crystals _____
 Ethyl Alcohol _____
 Distilled Water _____

Menthol crystals 10 grams (a solid)
 Ethyl Alcohol 80 milliliters (a liquid)
 Distilled Water q.s.a.d. 120 milliliters (a liquid)

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE																		
FOR (Full name, address & phone number.) (If under 12 years, give age.)																					
Alice Jones 632 Funston Place Ft Sam Houston, TX 222-3010																					
MEDICAL FACILITY		DATE																			
Alamo Army Hospital		30 April 00																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; vertical-align: top;">R_x</td> <td style="width: 85%;"></td> <td style="width: 10%; text-align: center; font-size: small;">Gm. or ml.</td> </tr> <tr> <td></td> <td>Sulfur 12</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td>Zinc Oxide 12</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td>Talc 12</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td>Lotion base</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">q.s. 120</td> <td style="text-align: center;">0</td> </tr> </table>				R_x		Gm. or ml.		Sulfur 12	0		Zinc Oxide 12	0		Talc 12	0		Lotion base			q.s. 120	0
R_x		Gm. or ml.																			
	Sulfur 12	0																			
	Zinc Oxide 12	0																			
	Talc 12	0																			
	Lotion base																				
	q.s. 120	0																			
MFGR:		EXP DATE:																			
LOT NO:		FILLED BY:																			
		Howard Maize MAJ MD																			
Rx NUMBER		SIGNATURE, RANK AND DEGREE																			
SAMPLE		SAMPLE																			
EDITION OF 1 JAN 60 MAY BE USED.																					

How much of each ingredient is called for in this prescription? (specify units)

Sulfur _____
 Zinc Oxide _____
 Talc _____
 Lotion Base _____

Sulfur 12 grams (a solid)
 Zinc Oxide 12 grams (a solid)
 Talc 12 grams (a solid)
 Lotion Base q.s. 120 milliliters (a liquid)

The largest part of the prescription, Block 5, is divided into four sub-parts: the superscription, inscription, subscription, and the signa. Together they form the body of the prescription.

<u>SAMPLE</u>	DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<u>SAMPLE</u>
FOR (Full name, address & phone number.) (If under 12 years, give age.)		
MEDICAL FACILITY	DATE	
<i>Rx</i> ***** BLOCK 5 ***** ***** Gm. or ml.		superscription inscription subscription signa
MFGR:	EXP DATE:	
LOT NO:	FILLED BY:	
<i>Rx</i> NUMBER	SIGNATURE, RANK AND DEGREE	
<u>SAMPLE</u> EDITION OF 1 JAN 60 MAY BE USED. <u>SAMPLE</u>		

Question: The superscription, inscription, subscription, and signa are parts of the _____ of the prescription.

Answer: The superscription, inscription, subscription, and signa are parts of the body of the prescription.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
R_x			Gm. or ml.	
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
R_x NUMBER		SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

The superscription is simply the R_x symbol. This symbol represents recipe or take thou, informing pharmacy personnel to dispense the medication listed.

Question: The superscription (R_x symbol) represents _____ or _____.

Answer: The superscription (R_x symbol) represents recipe or take thou.

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
MEDICAL FACILITY		DATE	
R_x		Gm. or ml.	
Ethavrine HCl Tabs		100	
MFGR:	EXP DATE:		
LOT NO:	FILLED BY:		
R_x NUMBER		SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

— The inscription lists the drug (or ingredient) name and strength.

Question: The inscription lists the drug name and _____.

Answer: The inscription lists the drug name and strength.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00	
R_x		Gm. or ml.	
Aldomet Tablets Disp: 120 Sig: $\dot{+}$ p.o. QID		5	
MFGR: MSD		EXP DATE: 7/03	
LOT NO: 1148A		FILLED BY: CWT	
001022 R_x NUMBER		James Dean CPT, M.D. SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

The inscription of prescription 1022 calls for _____.

The inscription of prescription 1022 calls for Aldomet tablets, 0.5 gram.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6 196 Jamison Place Ft Sam Houston, TX 221-6519			
MEDICAL FACILITY Dewitt Army Hosp		DATE 3 Apr 00	
R_x		Gm. or ml.	
Dimetapp Elixir Disp: 4 ounces Sig: $\dot{+}$ tsp p.o. QID			
MFGR: A.H. Robins		EXP DATE: 3/04	
LOT NO: 1462		FILLED BY: CWT	
001043 R_x NUMBER		Charles Edwards MAJ, M.D. SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

The inscription of prescription 1043 calls for _____.

The inscription of prescription 1043 calls for Dimetapp Elixir.

<u>SAMPLE</u>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<u>SAMPLE</u>
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
MEDICAL FACILITY		DATE	
<i>Rx</i> Disp: #40		<i>Gm. or ml.</i> 	
MFGR:		EXP DATE:	
LOT NO:		FILLED BY:	
Rx NUMBER		SIGNATURE, RANK AND DEGREE	
<u>SAMPLE</u> EDITION OF 1 JAN 60 MAY BE USED. <u>SAMPLE</u>			

The subscription contains the instructions to pharmacy personnel. It tells what is to be done with the drug or ingredients, such as "make an emulsion" or "dispense a certain quantity." For any information not included on the prescription, the physician must be contacted.

Question: The subscription contains the instructions to _____.

Answer: The subscription contains the instructions to pharmacy personnel.

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
$\mathcal{R}$		Gm. or ml.		
Sig: $\dot{\bar{\imath}}$ p.o. QID				
MFGR:		EXP DATE:		
LOT NO:		FILLED BY:		
$\mathcal{R}$ NUMBER		SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

The last sub-part of the body of the prescription is the signa. It contains the directions to the patient. It might tell the patient to "take two tablets daily" or "instill three drops in each ear at bedtime." Very often, these written in pharmaceutical Latin words or abbreviations which pharmacy personnel must interpret for the patient.

A complete translated signa for a patient must have these five (5) components: action verb, quantity, dosage form, route of administration, and frequency.

Question: The signa contains directions to the _____.

Answer: The signa contains directions to the patient.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00	
R_x		Gm. or ml.	
Aldomet Tablets Disp: 120 Sig: $\dot{\bar{+}}$ p.o. QID		5	
MFGR: MSD	EXP DATE: 7/03		
LOT NO: 1148A	FILLED BY: CWT		
001022	James Dean		
R_x NUMBER	SIGNATURE RANK AND DEGREE CPT M.D.		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

The signa of prescription 1022 is as follows: _____.

The signa of prescription 1022 is as follows: 1 QID. (This means "Take 1 tablet by mouth 4 times daily.")

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6 196 Jamison Place Ft Sam Houston, TX 221-6519			
MEDICAL FACILITY Dewitt Army Hosp		DATE 3 Apr 00	
R_x		Gm. or ml.	
Dimetapp Elixir Disp: 4 ounces Sig: $\dot{\bar{+}}$ tsp p.o. QID			
MFGR: A.H. Robins	EXP DATE: 3/04		
LOT NO: 1462	FILLED BY: CWT		
001043	Charles Edwards		
R_x NUMBER	SIGNATURE RANK AND DEGREE MAJ M.D.		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

The signa of prescription 1043 is as follows: _____.

The signa of prescription 1043 is as follows: 1 tsp. TID. (This means "Take 1 teaspoonful by mouth 3 times daily.")

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
MEDICAL FACILITY DATE <i>Rx</i> Gm. or ml.			
MFGR: LOT NO: BLOCK 6 EXP. DATE: FILLED BY:			
<i>Rx</i> NUMBER SIGNATURE, RANK AND DEGREE			
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

Block 6 contains the quality control information for the prescription. Block 6 provides a place for the drug's manufacturer, lot number, and expiration date to be recorded. Also, it provides a place for the initials of the person who filled the prescription. AR 40-3 requires that the initials of the person who filled the prescription be written on the form. However, if a drug recall policy is in effect in the pharmacy, the drug's manufacturer, lot number, and expiration date need not be written on the prescription form.

Question: In addition to completely identifying the manufacturer, lot number, and expiration date of the drug dispensed, Block 6 contains the initials of the

Answer: In addition to completely identifying the manufacturer, lot number, and expiration date of the drug dispensed, Block 6 contains the initials of the person who filled the prescription.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00	
Rx		Gm. or ml.	
Aldomet Tablets Disp: 120 Sig: † p.o. QID		5	
MFGR: MSD		EXP DATE: 7/03	
LOT NO: 1148A		FILLED BY: CWT	
001022 Rx NUMBER		James Dean CPT M.D. SIGNATURE, RANK AND DEGREE	
SAMPLE		SAMPLE	

Prescription 1022 was for Aldomet, 0.5 gram, which was manufactured by _____. It was lot number _____, which expires _____. The initials of the person who filled it are _____.

Prescription 1022 was for Aldomet, 0.5 gram, which was manufactured by MSD. It was lot number 1148 A, which expires 7/03. The initials of the person who filled it are CWT.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6 196 Jamison Place Ft Sam Houston, TX 221-6519			
MEDICAL FACILITY Dewitt Army Hosp		DATE 3 Apr 00	
Rx		Gm. or ml.	
Dimetapp Elixir Disp: 4 ounces Sig: † tsp p.o. QID			
MFGR: A.H. Robins		EXP DATE: 3/04	
LOT NO: 1462		FILLED BY: CWT	
001043 Rx NUMBER		Charles Edwards MAJ M.D. SIGNATURE, RANK AND DEGREE	
SAMPLE		SAMPLE	

Prescription 1043 was for Dimetapp Elixir, which was manufactured by _____. It was lot number _____, which expires _____. The initials of the person who filled it are _____.

Prescription 1043 was for Dimetapp Elixir, which was manufactured by AH Robins. It was lot number 1462, which expires 3/04. The initials of the person who filled it are CWT.

<u>SAMPLE</u>		DD FORM 1 NOV 71 1289	<u>SAMPLE</u>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
MEDICAL FACILITY		DATE	
<i>R_x</i>		Gm. or ml.	
MFGR:		EXP DATE:	
LOT NO:		FILLED BY:	
BLOCK 7		SIGNATURE, RANK AND DEGREE	
<u>SAMPLE</u> EDITION OF 1 JAN 60 MAY BE USED. <u>SAMPLE</u>			

Prior to filling, prescriptions will be numbered serially. Block 7 contains the prescription number.

Question: Prior to filling, prescriptions will be _____.

Answer: Prior to filling, prescriptions will be numbered serially.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
MEDICAL FACILITY		DATE	
$\mathcal{R}_x$		Gm. or ml.	
MFGR:	EXP DATE:		
LOT NO:	FILLED BY:		
$\mathcal{R}_x$ NUMBER		BLOCK 8 SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

The last part of the prescription, Block 8, identifies the prescriber. It contains the signature, in ink, of the person who wrote the prescription. If the prescription is for a controlled substance such as a narcotic, the prescriber's signature, branch of service, social security number, and name (stamped, typed, or hand printed) must appear in this block on the prescription form.

NOTE: Prescriptions written by nurse clinicians, graduate physician assistants, AMOSISTS, and physical therapists must have the following statement written on the form: "TO BE FILLED ONLY AT (name of local medical treatment facility) PHARMACY." Subcourse 810, Outpatient Dispensing, will discuss this point in detail.

Question: Block 8 identifies the _____.

Answer: Block 8 identifies the prescriber.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SFC John P. Taylor 1363 Soldier Road Ft Sam Houston, TX 221-6453			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Mar 00	
R_x		Gm. or ml.	
Aldomet Tablets Disp: 120 Sig: $\dot{+}$ p.o. QID		5	
MFGR: MSD		EXP DATE: 7/03	
LOT NO: 1148A		FILLED BY: CWT	
001022 R _x NUMBER		James Dean CPT, M.D. SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

Prescription 1022 was written by _____.

Prescription 1022 was written by James Dean, CPT, MD.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mary Johnson, Age 6 196 Jamison Place Ft Sam Houston, TX 221-6519			
MEDICAL FACILITY Dewitt Army Hosp		DATE 3 Apr 00	
R_x		Gm. or ml.	
Dimetapp Elixir Disp: 4 ounces Sig: $\dot{+}$ tsp p.o. QID			
MFGR: A.H. Robins		EXP DATE: 3/04	
LOT NO: 1462		FILLED BY: CWT	
001043 R _x NUMBER		Charles Edwards MAJ, M.D. SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

Prescription 1043 was written by _____.

Prescription 1043 was written by Charles Edwards, MAJ, MD.

The Multiple-Item Prescription Form (AF Form 781).

AF FORM 781, 19880601 (EF-V2) <i>Previous Edition will be used.</i>		MULTIPLE ITEM PRESCRIPTION		(This form is subject to the Privacy Act of 1974 - Use Blanket PAS - DD Form 2005)	
Rx (Cross out unused blanks below)	Strength	Amount	Directions	Refill	
1.					
2.					
3.					
a. Full Name of Patient (AGE if under 12) (Use Plastic Card or PRINT)			Signature of Prescriber		PHARMACY USE ONLY
			Prescriber Identification (Name, SSN or BNDD, Grade Degree, Service and Facility)		
b. SSN of Sponsor:		FMP:	UCA Code:		
c. Patient's Address (Mandatory for Controlled Substances)			d. Work/Home Telephone (For emergency only)		Date

The AF Form 781 (Multiple-Item Prescription Form) is the approved form for use when the physician desires to prescribe more than one drug. Although the form is convenient to use in some cases, you should remember that a prescriber cannot write for a controlled substance and a non-controlled legend drug on the same prescription form. MD0810, Outpatient Dispensing, discusses this form's use.

Question: The multiple-item prescription form approved for use in Army medical treatment facilities is _____.

Answer: AF Form 781 (Multiple-Item Prescription Form).

Continue with Section II

Section II. COMMON LATIN TERMS AND ABBREVIATIONS

<u>Term or Abbreviation</u>	<u>Meaning</u>
<u>aa</u>	of each
a	before
a.c.	before meals
ad lib.	freely, at pleasure
Aq. Dest.	purified water
Bis	twice
b.i.d.	two times a day

Questions:

aa means _____

a.c. means _____

ad lib. means _____

b.i.d. means _____

Answers:

aa means of each

a.c. means before meals

ad lib. means freely, at pleasure

b.i.d. means two times a day

<u>Term or Abbreviation</u>	<u>Meaning</u>
$\bar{c}$	with
cap	capsule
d.t.d.	give of such doses
disp.	dispense
divid.	divide
et	and
ft.	make, let it be made

Questions:

cap means _____

$\bar{c}$ means _____

d.t.d. means _____

et means _____

Answers:

cap means capsule

$\bar{c}$ means with

d.t.d. means give of such doses

et means and

<u>Term or Abbreviation</u>	<u>Meaning</u>
ft. ung.	make an ointment
filt.	filter
gr.	grain
gtt	drop
h. (hor.)	hour
h.s. (hor. som.)	at bedtime, at the hour of sleep
inj.	injection
inter.	between
lotio	lotion

Questions:

ft. ung. means _____

gr. means _____

gtt means _____

h.s. (hor. som.) means _____

inj. means _____

Answers:

ft. ung. means make an ointment

gr. means grain

gtt means drop

h.s. (hor. som.) means at bedtime, at the hour of sleep

inj. means injection

<u>Term or Abbreviation</u>	<u>Meaning</u>
M.	mix
m. dict	as directed
N.R. (non rep.)	do not repeat, no refill
no.	number
O.	a pint

Questions:

M. means _____

m. dict. means _____

N.R. (non rep.) means _____

Answers:

M. means mix

m. dict. means as directed

N.R. (non rep.) means do not repeat, no refill

<u>Term or Abbreviation</u>	<u>Meaning</u>
O.D.	right eye
O.L.	left eye
O.S.	left eye
O.U.	both eyes
p.c. (post cib.)	after meals
per	through, by means of
p.o. (per os)	by mouth
p.r.n.	if needed, as needed
placebo	I will satisfy, nontherapeutic substitute

Questions:

O.D. means _____
O.S. means _____
O.U. means _____
p.c. means _____
p.o. means _____
p.r.n. means _____

Answers:

O.D. means <u>right eye</u>	p.c. means <u>after meals</u>
O.S. means <u>left eye</u>	p.o. means <u>by mouth</u>
O.U. means <u>both eyes</u>	p.r.n. means <u>if needed, as needed</u>

<u>Term or Abbreviation</u>	<u>Meaning</u>
q.	each, every
q.d.	every day, daily
q.o.d.	every other day
q.i.d.	four times a day
q.s.	a sufficient quantity
q.s.ad	a sufficient quantity up to
R _x	recipe, take thou
$\bar{s}$	without
sig.	write, label

Questions:

q. means _____
q.d. means _____
q.o.d. means _____
q.i.d. means _____
q.s. means _____
q.s.ad means _____
 $\bar{s}$ means _____

Answers:

q. means <u>every</u>	q.s. means <u>a sufficient quantity</u>
q.d. means <u>every day, daily</u>	q.s. ad means <u>a sufficient quantity up to</u>
q.o.d. means <u>every other day</u>	$\bar{s}$ means <u>without</u>
q.i.d. means <u>four times a day</u>	

<u>Term or Abbreviation</u>	<u>Meaning</u>
ss	one half
S.V.R.	alcohol (95% ethyl alcohol)
S.V.T.	diluted alcohol
stat	immediately, now
t.	three
t.i.d.	three times a day
ung.	ointment
ut dict. (u.d.)	as directed

Questions:

ss means _____

stat means _____

t.i.d. means _____

ung. means _____

ut dict. (u.d.) means _____

Answers:

ss means one half

stat means immediately, now

t.i.d. means three times daily

ung. means ointment

ut dict. (u.d.) means as directed

CHECK-UP QUESTIONS

<u>Term or Abbreviation</u>	<u>Meaning</u>
$\overline{aa}$	_____
ad lib	_____
b.i.d.	_____
$\overline{c}$	_____
et	_____
gr	_____
gtt	_____
h.s.	_____
N.R. (non rep.)	_____
O.D.	_____
O.S.	_____
O.U.	_____
p.c.	_____
p.o.	_____
p.r.n.	_____
q.s.	_____
q.s.ad	_____
q.i.d.	_____
q.o.d.	_____
$\overline{s}$	_____
ss	_____
t.i.d.	_____
ut dict. (u.d.)	_____

Answers to Check-up Questions

<u>Term or Abbreviation</u>	<u>Meaning</u>
$\overline{aa}$	of each
ad lib.	freely, at pleasure
b.i.d.	two times a day
$\overline{c}$	with
et	and
gr.	grain
gtt	drop
h.s.	at bedtime, at the hour of sleep
N.R. (non rep.)	do not repeat, no refill
O.D.	right eye
O.S.	left eye
O.U.	both eyes
p.c.	after meals
p.o.	by mouth
p.r.n.	if needed, as needed
q.s.	a sufficient quantity
q.s.ad	a sufficient quantity up to
q.i.d.	four times a day
q.o.d.	every other day
$\overline{s}$	without
ss	one half
t.i.d.	three times a day
ut dict. (u.d.)	as directed

Exact translation of Latin terms and abbreviations is mandatory. However, to make directions completely clear to the patient, appropriate action verbs (e.g., take, apply, instill, etc.) must be included. The list of dosage forms and associated action verbs below will assist you in formulating clear, concise instructions to the patient.

<u>Dosage Form</u>	<u>Appropriate Action Verb</u>
tablet	take
tablet (vaginal)	insert
capsule	take
solution (internal)	take
solution (external)	apply
ointment	apply
ointment (vaginal)	insert
cream	apply
cream (vaginal)	insert
lotion	apply
suspension (internal)	take
suspension (external)	apply
suppository	insert
emulsion (internal)	take
emulsion (external)	apply
elixir	take
eye, ear or nose preparations	instill or place

A signa for a tablet preparation, when properly translated for a patient, should begin _____.

A signa for an external suspension, when properly translated for a patient, should begin _____.

A signa for a suppository, when properly translated for a patient, should begin _____.

A signa for a tablet preparation, when properly translated for a patient, should begin take.

A signa for an external suspension, when properly translated for a patient, should begin apply.

A signa for a suppository, when properly translated for a patient, should begin insert.

Continue with Exercises

EXERCISES

NOTE: This series of exercises will take the form of a programmed text.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
<i>Cassie Smith, Age 6</i> <i>Dep / SFC Charles Smith</i> <i>654 Funston Place</i> <i>San Antonio, TX 255-4306</i>				
MEDICAL FACILITY <i>Alamo Army Hosp</i>			DATE <i>23 April 2000</i>	
<i>R_x</i> <i>Aspirin Tablets</i> <i>1 1/4 grain</i> <i>#36</i> <i>Sig: $\dot{\bar{\text{iv}}}$ tabs p.o. q 4 hr</i>			Gm. or ml. 	
MFGR: <i>Bayer</i>		EXP DATE: <i>12/04</i>		
LOT NO: <i>347A</i>		FILLED BY: <i>CWT</i>		
<i>11113</i> R_x NUMBER		<i>James Howard</i> SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE				

Is this prescription for an adult? _____ How do you know? _____

This signa is best translated to read: _____

Prescription 111113

Is this prescription for an adult? No. How do you know? The prescriber specified the patient's age in the patient identification section.

This signa is best translated to read: Take 4 tablets by mouth every 4 hours.

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.)		(If under 12 years, give age.)	
Alex Johnson, Age 9			
Dep / SFC Fred Johnson			
2150 Austin Highway			
San Antonio, TX		221-6304	
MEDICAL FACILITY Alamo Army Hosp		DATE 14 March 2000	
R_x Donnatal Elixir Disp: 8 ounces Sig: <i>u ttp. p.o. q 6h p.r.n.</i> N.R.		Gm. or ml.	
MFGR: A. H. Robins		EXP DATE: 4/03	
LOT NO: 1412		FILLED BY: CWT	
111114		Greg Powers	
R _x NUMBER		SIGNATURE, RANK AND DEGREE CPT, M.D.	
SAMPLE		SAMPLE	

This signa is best translated to read: _____

Prescription 111114

This signa is best translated to read: Take one-half teaspoonful by mouth every 6 hours as needed.

SAMPLE		DD ^{FORM} 1 NOV 71 1289	SAMPLE
		DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SP6 Austin Travis Company B, 3rd BN AHS Ft Sam Houston, TX 221-6104			
MEDICAL FACILITY		DATE	
Alamo Army Hosp		23 Apr 00	
$\mathcal{R}_x$ Ampicillin Suspension Disp: 200 ml Sig: $\dot{\div}$ tsp p.o. q.i.d.		Gm. or ml. 250 mg/ 5 ml	
MFGR: Pure Pac Pharm		EXP DATE: 5/02	
LOT NO: 30106		FILLED BY: CWT	
111115 $\mathcal{R}_x$ NUMBER		Gerry McKeegan LTC, M.D. SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

This signa is best translated to read: _____

Prescription 111115

This signa is best translated to read: Take 1 teaspoonful by mouth 4 times daily.

SAMPLE		DD ^{FORM} 1 NOV 71 1289	SAMPLE
		DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
LTC Howard Robinson 3 Spring Street San Antonio, TX 616-3019			
MEDICAL FACILITY Alamo Army Hosp		DATE 23 Mar 00	
R_x Penicillin VK Tabs #40		Gm. or ml. 250	
Sig: $\dot{\div}$ p.o. q.i.d. x 10 days			
MFGR: Lilly	EXP DATE: 1/02		
LOT NO: 16Z144	FILLED BY: CWT		
111116 ^{R_x} NUMBER		John Harrod MAJ, M.D. SIGNATURE, RANK, AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

This signa is best translated to read: _____

Prescription 111116

This signa is best translated to read: Take 1 tablet by mouth 4 times daily for 10 days.

SAMPLE		DD ^{FORM} 1 NOV 71 1289	SAMPLE
		DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
PFC James Martin 1306 Windmill San Antonio, TX			
			655-8789
MEDICAL FACILITY		DATE	
Alamo Army Hosp		13 Apr 00	
R_x Codeine SO₄ tabs #12 (Twelve) Sig: $\div$ p.o. q 6 h p.r.n. pain		Gm. or ml. 032	
MFGR: Chase		EXP DATE: 1/02	
LOT NO: H016		FILLED BY: CWT	
111117 R_x NUMBER		Alfred Boggs, MAJ, MD ALFRED BOGGS, 143-46-1011 SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

Codeine SO₄ (codeine sulfate) is a controlled substance. Has the prescriber been identified properly? _____ Explain your answer.

This signa is best translated to read: _____

Prescription 111117

Codeine SO₄ is a controlled substance. Has the prescriber been identified properly? Yes. Explain your answer. In addition to signature and branch of service, the physician's printed name and Social Security Account Number on the prescription.

This signa is best translated to read: Take 1 tablet by mouth every 6 hours as needed for pain.

SAMPLE		DD FORM 1 NOV 71 1289	SAMPLE
		DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Maj John Morton 1203 Broadway Ave San Antonio, TX 223-1043			
MEDICAL FACILITY Alamo Army Hosp		DATE 14 Apr 00	
R_x Kwell Shampoo 1 bottle Sig: ut dict.		Gm. or ml.	
MFGR Reed & Carnrick		EXP DATE: 10/00	
LOT NO: 2X3941		FILLED BY: JWT	
111118 R_x NUMBER		Paul Mosby CPT, M.D. SIGNATURE, RANK AND DEGREE	
SAMPLE		SAMPLE	
EDITION OF 1 JAN 60 MAY BE USED.			

This signa is best translated to read: _____

Prescription 111118

This signa is best translated to read: Use as directed.

SAMPLE		DD ^{FORM} 1 NOV 71 1289	SAMPLE
		DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
<i>LTC John Williams</i> <i>12 Artillery Post Road</i> <i>Ft Sam Houston, TX</i> <i>216-1101</i>			
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>6 Mar 00</i>	
<i>R_x</i> <i>Thorazine Tablets</i> <i>#12</i> <i>Sig: ÷ p.o. q 6 h</i>		<i>Gm. or ml.</i> <i>025</i>	
MFGR: <i>S, K & F</i>		EXP DATE: <i>5/04</i>	
LOT NO: <i>1Z1134</i>		FILLED BY: <i>CWT</i>	
<i>111119</i> <i>R_x</i> NUMBER		<i>Thomas Northcott</i> <i>COL, M.D.</i> SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

The strength of the Thorazine tablets is: _____.

This signa is best translated to read: _____

Prescription 111119

The strength of the Thorazine tablets is 0.025 gram.

This signa is best translated to read: Take 1 tablet by mouth every 6 hours.

<u>SAMPLE</u>		DD ^{FORM} 1 NOV 71 1289	<u>SAMPLE</u>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Howard Davidson, Age 7 106 Austin Highway San Antonio, TX 222-2737			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 Apr 00	
R_x Cleocin Pediatric 75mg/5ml Disp: 150 ml Sig: ss tsp p.o. q.i.d. for 10 days		Gm. or ml.	
MFGR: Upjohn		EXP DATE: 12/00	
LOT NO: L21X4B		FILLED BY: CW7	
111120 R _x NUMBER		David Scott LTC, M.D. SIGNATURE, RANK AND DEGREE	
<u>SAMPLE</u> EDITION OF 1 JAN 60 MAY BE USED. <u>SAMPLE</u>			

This signa is best translated to read: _____

Prescription 111120

This signa is best translated to read: Take one-half teaspoonful by mouth 4 times daily for ten days.

SAMPLE		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
CPT Ed Mullenax 13 Raven Place Alamo Heights, TX 822-1200			
MEDICAL FACILITY Alamo Army Hosp		DATE 6 April 00	
R_x Olive Oil Linewater Ft. Emulsion Sig: Apply q.i.d. p.r.n.		<i>Gm. or ml.</i> 30 30	
MFGR: AAH	EXP DATE: 6 Apr 02		
LOT NO: 1215/A	FILLED BY: CWT		
111121 R_x NUMBER	Paul Kaster CPT, M.D. SIGNATURE / RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

The subscription of this prescription tells you to: _____

This signa is best translated to read: _____

Prescription 111121

The subscription of this prescription tells you to: make an emulsion.

This signa is best translated to read: Apply 4 times daily as needed.

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
COL Thomas Brady 101 Commander's Row Ft Sam Houston, TX 216-3014			
MEDICAL FACILITY Alamo Army Hosp		DATE 28 Apr 00	
<i>R_x</i> Lanolin 25 Oleo vitamin A&D 10 White Petrolatum 100 Ft. UNG		Gm. or ml.	
Sig: Apply h.s. p.r.n.			
MFGR Alamo Army Hosp		EXP DATE: 28 Apr 02	
LOT NO: 21664D		FILLED BY: JWT	
111122 R _x NUMBER		David Anderson LTC, MD SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

The subscription of this prescription tells you to: _____

This signa is best translated to read: _____

Prescription 111122

The subscription of this prescription tells you to: Make an ointment.

This signa is best translated to read: Apply at bedtime as needed.

<u>SAMPLE</u>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<u>SAMPLE</u>
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SP4 Alton McCormick Company C, 3rd BN AHS 631-0144			
MEDICAL FACILITY Alamo Army Hosp		DATE 28 Apr 00	
R_x Benadryl Elixir 4 ounces		Gm. or ml. 12.5 mg/ 5 ml	
Sig: $\div$ Teaspoonful p.o. q.i.d.			
To Be Filled only at Alamo Army Hospital Pharmacy.			
N.R.			
MFGR: Parke-Davis		EXP DATE: 6/01	
LOT NO: 12A		FILLED BY: CWT	
111123		John Franklin	
R _x NUMBER		WO3, P.A. SIGNATURE, RANK AND DEGREE	
<u>SAMPLE</u>		<u>SAMPLE</u>	

EDITION OF 1 JAN 60 MAY BE USED.

This signa is best translated to read: _____

Prescription 111123

This signa is best translated to read: Take 1 teaspoonful by mouth 4 times daily.

SAMPLE		DD ^{FORM} 1 NOV 71 1289	SAMPLE
		DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
<i>MAJ Alice Newton</i> <i>10805 Navarro Way</i> <i>Castle Hills, TX 654-3091</i>			
MEDICAL FACILITY		DATE	
<i>Alamo Army Hosp</i>		<i>18 Mar 00</i>	
<i>R_x</i> <i>Tetracycline HCl Caps</i> <i>#40</i>		Gm. or ml. <i>250</i>	
<i>Sig: ÷ cap p.o. q.i.d.</i>			
MFGR:	<i>Purepac</i>	EXP DATE:	<i>6/03</i>
LOT NO:	<i>TX643</i>	FILLED BY:	<i>JWT</i>
<i>111124</i> <i>R_x</i> NUMBER		<i>Albert Halverson</i> <i>LTJG MD</i> SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

This signa is best translated to read: _____

Prescription 111124

This signa is best translated to read: Take 1 capsule by mouth 4 times daily.

SAMPLE		DD ^{FORM} 1 NOV 71 1289	SAMPLE
		DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
MSG Carl Hellmich			
Co B, 3rd BN			
AHS			
221-6304			
MEDICAL FACILITY		DATE	
Alamo Army Hosp		10 Apr 00	
$\mathcal{R}$ Ornade Capsules #20 Sig: $\div$ cap p.o. q 12 h NR		Gm. or ml.	
MFGR: S.K.&F		EXP DATE: 12/01	
LOT NO: AC304		FILLED BY: CWT	
111125		Alex Robinson	
$\mathcal{R}$ NUMBER		SIGNATURE, RANK AND DEGREE	
111125		LTJG, M.D.	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

This signa is best translated to read: _____

Prescription 111125

This signa is best translated to read: Take 1 capsule by mouth every 12 hours.

SAMPLE		DD ^{FORM} 1 NOV 71 1289	SAMPLE
		DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
<i>PFC Michael Jameson</i> <i>Co D, 3 BN</i> <i>AMS</i> <i>221-6014</i>			
MEDICAL FACILITY		DATE	
<i>Alamo Army Hosp</i>		<i>23 Mar 00</i>	
<i>R_x</i> <i>Aspirin Tablets</i> <i>Disp # 25</i> <i>Sig: $\ddot{\text{ii}}$ p.o. q 4h</i>		Gm. or ml. <i>325</i>	
<i>"To Be Filled Only at Alamo Army Hospital Pharmacy"</i>			
MFGR: <i>Upjohn</i>		EXP DATE: <i>8/04</i>	
LOT NO: <i>4063A</i>		FILLED BY: <i>CWT</i>	
<i>111126</i> <i>R_x</i> NUMBER		<i>Constance Mays</i> <i>MAJ, AMSC, P7</i> SIGNATURE, RANK AND DEGREE	
SAMPLE		SAMPLE	

The strength of the aspirin tablets dispensed is: _____.

This signa is best translated to read: _____

Prescription 111127

The oxytetracycline capsules dispensed to this patient were manufactured by Purepac and expire 3/01.

This signa is best translated to read: Take 1 capsule by mouth 4 times daily.

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
SPS Gary Edwards 1105 Wildwood Dr San Antonio, TX			
MEDICAL FACILITY Alamo Army Hosp		DATE 13 Apr 00	
Rx Gantrisin Tablets #112		Gm. or ml. 500	
Sig: 4 p.o. initially, then ii p.o. q.i.d. until all are taken.			
MFGR: Roche	EXP DATE: 1/01		
LOT NO: 11A61	FILLED BY: CWT		
111128 Rx NUMBER	Ben Campbell CPT, M.D. SIGNATURE, RANK AND DEGREE		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

The initials of the person who filled this prescription are _____.

This signa is best translated to read: _____

Prescription 111128

The initials of the person who filled this prescription are CWT.

This signa is best translated to read: Take 4 tablets by mouth initially, then take 2 tablets by mouth 4 times daily until all are taken.

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
<i>SFC P. D. Moran</i> <i>5106 Roundtable</i> <i>Roundrock, TX</i>			<i>910-1630</i>
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>1 Mar 00</i>	
<i>R_x</i> <i>Mandelamine Tabs</i> <i>#100</i> <i>Sig: $\dot{\bar{\imath}}$ p.o. t.i.d.</i> <i>NR</i>		Gm. or ml. <i>1 00</i>	
MFGR: <i>W. Chilcott</i>		EXP DATE: <i>4/01</i>	
LOT NO: <i>221A</i>		FILLED BY: <i>CWT</i>	
<i>111129</i> R _x NUMBER		<i>Alton Thompson</i> <i>COL M.D.</i> SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

The strength of the Mandelamine tablets is _____.

This signa is best translated to read: _____

Prescription 111129

The strength of the Mandelamine tablets is 1.0 gram.

This signa is best translated to read: Take 1 tablet by mouth three times a day.

<u>SAMPLE</u>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<u>SAMPLE</u>
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Janet Browning 10 Poet Place San Antonio, TX			
MEDICAL FACILITY Alamo Army Hosp		DATE 18 Apr 00	
R_x Triavil Tablets #120		Gm. or ml. Z-10	
Sig: $\dot{\bar{\tau}}$ Tab p.o. t.i.d.			
N.R.			
MFGR: MSD		EXP DATE: 9/02	
LOT NO: 10X10		FILLED BY: CWT	
111130		Gerald James	
R_x NUMBER		CPT, M.D.	
SAMPLE		SAMPLE	

May this prescription be refilled? _____ Why/why not? _____

This signa is best translated to read: _____

Prescription 111130

May this prescription be refilled? No. Why/why not? The prescriber indicated N.R., which means do not repeat or no refill.

This signa is best translated to read: Take 1 tablet by mouth three times day.

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
<i>MAJ Ethan Page</i> <i>15362 Minuteman</i> <i>San Antonio, TX 653-1811</i>			
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>14 Mar 00</i>	
<i>R_x</i> <i>Dilantin Caps</i> <i>#120</i> <i>Sig: ÷ p.o. t.i.d.</i>		Gm. or ml. <i>100mg</i>	
MFGR: <i>Parke - Davis</i>		EXP DATE: <i>1/02</i>	
LOT NO: <i>4113A</i>		FILLED BY: <i>CWT</i>	
<i>111131</i> <i>R_x</i> NUMBER		<i>Adam Johnson</i> <i>LTC, MD</i> SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

This prescription was written at: _____.

This signa is best translated to read: _____

Prescription 111131

This prescription was written at Alamo Army Hospital.

This signa is best translated to read: Take 1 capsule by mouth three times daily.

SAMPLE		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
Mrs. E. H. Chase 1061 Pinn Rd San Antonio, TX			655-4101
MEDICAL FACILITY Alamo Army Hosp		DATE 28 Mar 00	
Rx Cordram Cream 1/2 strength 15 gm Sig: Apply b.i.d. to affected area		Gm. or ml.	
MFGR: Dista		EXP DATE: 9/01	
LOT NO: X10A3		FILLED BY: CWT	
111132 Rx NUMBER		Daimler Reynolds M.D. M.D. SIGNATURE, RANK AND DEGREE	
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

This prescription was issued to: _____.

This signa is best translated to read: _____

Prescription 111132

This prescription was issued to Mrs. E. H. Chase.

This signa is best translated to read: Apply two times a day to the affected area.

COMMENT SHEET

SUBCOURSE MD0801 Prescription Interpretation

EDITION 100

Your comments about this subcourse are valuable and aid the writers in refining the subcourse and making it more usable. Please enter your comments in the space provided. ENCLOSE THIS FORM (OR A COPY) WITH YOUR ANSWER SHEET **ONLY** IF YOU HAVE COMMENTS ABOUT THIS SUBCOURSE..

FOR A WRITTEN REPLY, WRITE A SEPARATE LETTER AND INCLUDE SOCIAL SECURITY NUMBER, RETURN ADDRESS (and e-mail address, if possible), SUBCOURSE NUMBER AND EDITION, AND PARAGRAPH/EXERCISE/EXAMINATION ITEM NUMBER.

PLEASE COMPLETE THE FOLLOWING ITEMS:

(Use the reverse side of this sheet, if necessary.)

1. List any terms that were not defined properly.

2. List any errors.

paragraph error correction

3. List any suggestions you have to improve this subcourse.

4. Student Information (optional)

Name/Rank _____
SSN _____
Address _____

E-mail Address _____
Telephone number (DSN) _____
MOS/AOC _____

PRIVACY ACT STATEMENT (AUTHORITY: 10USC3012(B) AND (G))

PURPOSE: To provide Army Correspondence Course Program students a means to submit inquiries and comments.

USES: To locate and make necessary change to student records.

DISCLOSURE: VOLUNTARY. Failure to submit SSN will prevent subcourse authors at service school from accessing student records and responding to inquiries requiring such follow-ups.