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

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# **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.  $\bar{aa}$
- 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.  $\overline{\text{ss}}$
- 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.

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>							
FOR (Full name, address & phone number.) (If under 12 years, give age.)										
<i>SFC P. D. Moran 5106 Roundtable Dr Roundrock, TX 610-1090</i>										
MEDICAL FACILITY <i>Alamo Army Hosp</i>			DATE <i>1 Mar 00</i>							
<b>R<sub>x</sub></b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">Gm. or ml.</td> <td style="width: 10%;"></td> </tr> <tr> <td><i>Mandelamine Tabs #100</i></td> <td style="text-align: center;"><i>1</i></td> <td style="text-align: center;"><i>00</i></td> </tr> </table>						Gm. or ml.		<i>Mandelamine Tabs #100</i>	<i>1</i>	<i>00</i>
	Gm. or ml.									
<i>Mandelamine Tabs #100</i>	<i>1</i>	<i>00</i>								
<i>Sig: † p.o. t.i.d.</i>										
<i>N.R.</i>										
MFGR: <i>W. Chilcott</i>		EXP DATE: <i>4/01</i>								
LOT NO: <i>0190A</i>		FILLED BY: <i>CW7</i>								
<i>100101</i>		<i>Allen Thompson</i>								
R <sub>x</sub> NUMBER		SIGNATURE, RANK AND DEGREE <i>POA M D</i>								
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>										

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

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

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
<p><i>John Jones (SFC - Retired)</i>  <i>1492 Sunset Lane</i>  <i>221-2321 San Antonio, TX 78316</i></p>				
MEDICAL FACILITY <i>Alamo Army Hosp</i>			DATE <i>14 Apr 00</i>	
<p><i>R<sub>x</sub></i> <span style="float: right;">Gm. or ml.</span></p> <p style="text-align: center;"><i>Ornade Caps</i>  <i>#24</i>  <i>Sig: <math>\dot{\bar{t}}</math> p.o. q 12 h</i></p> <p><i>N.R.</i></p>				
MFGR: <i>SKJ</i>		EXP DATE: <i>12/00</i>		
LOT NO: <i>14116A</i>		FILLED BY: <i>CWJ</i>		
<i>11125</i>		<i>Gene Griffith</i>		
<small>R<sub>x</sub> NUMBER</small>		<small>SIGNATURE, RANK AND DEGREE</small>		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED.	<b>SAMPLE</b>	

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>
General Information	1	1-2--1-25
	2	
	3	
	4	
	5	
	6	
	7	1-26--1-36
Latin Terms	8	
and/or	9	
Abbreviations	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	1-37--1-57
	19	
Signa	20	
Interpretations	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

<b>LESSON</b>	Interpretation of a Prescription Form.
<b>TEXT ASSIGNMENT</b>	The programmed text.
<b>TASKS TAUGHT</b>	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.
<b>LESSON OBJECTIVES</b>	<p>After completing this lesson, you should be able to:</p> <p>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.</p> <p>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.</p> <p>1-3. Given a group of statements, select the statement which best describes the purpose of the metric line on DD Form 1289.</p> <p>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.</p> <p>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.</p> <p>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.</p>

# LESSON

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

### The One-Item Prescription (DD Form 1289)

<b>SAMPLE</b>		DD <sup>FORM 1 NOV 71</sup> 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
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			
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>


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.

\*\*\*\*\*

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

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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>																					
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																					
<table border="1"> <tr> <td>R<sub>x</sub></td> <td colspan="3"></td> <td>gm. or ml.</td> </tr> <tr> <td>Aldomet Tablets</td> <td colspan="3"></td> <td>5</td> </tr> <tr> <td>Disp: 120</td> <td colspan="3"></td> <td></td> </tr> <tr> <td>Sig: <math>\dot{\bar{i}}</math> p.o. QID</td> <td colspan="3"></td> <td></td> </tr> </table>					R <sub>x</sub>				gm. or ml.	Aldomet Tablets				5	Disp: 120					Sig: $\dot{\bar{i}}$ p.o. QID				
R <sub>x</sub>				gm. or ml.																				
Aldomet Tablets				5																				
Disp: 120																								
Sig: $\dot{\bar{i}}$ p.o. QID																								
MFGR: MSD		EXP DATE: 7/03																						
LOT NO: 1148A		FILLED BY: CWT																						
001022		James Dean																						
R <sub>x</sub> 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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>																					
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																					
<table border="1"> <tr> <td>R<sub>x</sub></td> <td colspan="3"></td> <td>gm. or ml.</td> </tr> <tr> <td>Dimetapp Elixir</td> <td colspan="3"></td> <td></td> </tr> <tr> <td>Disp: 4 ounces</td> <td colspan="3"></td> <td></td> </tr> <tr> <td>Sig: <math>\dot{\bar{i}}</math> tsp p.o. QID</td> <td colspan="3"></td> <td></td> </tr> </table>					R <sub>x</sub>				gm. or ml.	Dimetapp Elixir					Disp: 4 ounces					Sig: $\dot{\bar{i}}$ tsp p.o. QID				
R <sub>x</sub>				gm. or ml.																				
Dimetapp Elixir																								
Disp: 4 ounces																								
Sig: $\dot{\bar{i}}$ tsp p.o. QID																								
MFGR: A.H. Robins		EXP DATE: 3/04																						
LOT NO: 1462		FILLED BY: CWT																						
001043		Charles Edwards																						
R <sub>x</sub> 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.

\*\*\*\*\*

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

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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>
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 <sub>x</sub>		gm. or ml.	
Aldomet Tablets		5	
Disp: 120			
Sig: † p.o. QID			
MFGR: MSD	EXP DATE: 7/03		
LOT NO: 1148A	FILLED BY: CWT		
001022	James Dean		
R <sub>x</sub> NUMBER	SIGNATURE RANK AND DEGREE CPT M.D.		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

Prescription 1022 was written at \_\_\_\_\_  
\_\_\_\_\_.

\*\*\*\*\*

Prescription No. 1022 was written at Alamo Army Hospital.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>
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 <sub>x</sub>		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	Charles Edwards		
R <sub>x</sub> NUMBER	SIGNATURE RANK AND DEGREE MAJ M.D.		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

Prescription 1043 was written at \_\_\_\_\_  
\_\_\_\_\_.

\*\*\*\*\*

Prescription No. 1043 was written at DeWitt Army Hospital.

\*\*\*\*\*

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

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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>
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 <sub>x</sub>		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	James Dean CPT, M.D.		
R <sub>x</sub> NUMBER	SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		<b>SAMPLE</b>	

Prescription 1022 was written on \_\_\_\_\_.

\*\*\*\*\*

Prescription 1022 was written on 6 March 2000.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>
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 <sub>x</sub>		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	Charles Edwards MAJ, M.D.		
R <sub>x</sub> NUMBER	SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		<b>SAMPLE</b>	

Prescription 1043 was written on \_\_\_\_\_.

\*\*\*\*\*

Prescription 1043 was written on 3 April 2000.

\*\*\*\*\*



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

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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>						
FOR (Full name, address & phone number.) (If under 12 years, give age.)									
MEDICAL FACILITY			DATE						
<i>Rx</i> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center; vertical-align: middle;">A solid</td> <td style="width: 5%; text-align: center; vertical-align: middle;">1</td> <td style="width: 5%; text-align: center; vertical-align: middle;">5</td> <td style="width: 10%; text-align: center; vertical-align: middle;"><i>Gm. or ml.</i></td> <td style="width: 5%;"></td> </tr> </table>					A solid	1	5	<i>Gm. or ml.</i>	
A solid	1	5	<i>Gm. or ml.</i>						
MFGR:		EXP DATE:							
LOT NO:		FILLED BY:							
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE							
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>									

The prescription calls for \_\_\_\_\_ of a solid.

\*\*\*\*\*

This prescription calls for 1.5 grams of a solid.

\*\*\*\*\*

This prescription calls for \_\_\_\_\_ of a liquid.

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>						
FOR (Full name, address & phone number.) (If under 12 years, give age.)									
MEDICAL FACILITY			DATE						
<i>Rx</i> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center; vertical-align: middle;">A liquid</td> <td style="width: 5%; text-align: center; vertical-align: middle;">4</td> <td style="width: 5%; text-align: center; vertical-align: middle;">8</td> <td style="width: 10%; text-align: center; vertical-align: middle;"><i>Gm. or ml.</i></td> <td style="width: 5%;"></td> </tr> </table>					A liquid	4	8	<i>Gm. or ml.</i>	
A liquid	4	8	<i>Gm. or ml.</i>						
MFGR:		EXP DATE:							
LOT NO:		FILLED BY:							
<i>Rx</i> NUMBER		SIGNATURE, RANK AND DEGREE							
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>									

\*\*\*\*\*

This prescription calls for 4.8 milliliters of a liquid.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>																	
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 Alamo Army Hosp			DATE 4 March 2000																	
<table border="1"> <thead> <tr> <th>Rx</th> <th></th> <th>gm. or ml.</th> <th></th> </tr> </thead> <tbody> <tr> <td>Menthol crystals</td> <td>10</td> <td>0</td> <td></td> </tr> <tr> <td>Ethyl alcohol</td> <td>80</td> <td>0</td> <td></td> </tr> <tr> <td>Dist. H<sub>2</sub>O</td> <td>q.s.a.d.</td> <td>120</td> <td>0</td> </tr> </tbody> </table>					Rx		gm. or ml.		Menthol crystals	10	0		Ethyl alcohol	80	0		Dist. H <sub>2</sub> O	q.s.a.d.	120	0
Rx		gm. or ml.																		
Menthol crystals	10	0																		
Ethyl alcohol	80	0																		
Dist. H <sub>2</sub> 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 EDITION OF 1 JAN 60 MAY BE USED. SAMPLE																				

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)

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>																					
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 Alamo Army Hospital			DATE 30 April 00																					
<table border="1"> <thead> <tr> <th>Rx</th> <th></th> <th>gm. or ml.</th> <th></th> </tr> </thead> <tbody> <tr> <td>Sulfur</td> <td>12</td> <td>0</td> <td></td> </tr> <tr> <td>Zinc Oxide</td> <td>12</td> <td>0</td> <td></td> </tr> <tr> <td>Talc</td> <td>12</td> <td>0</td> <td></td> </tr> <tr> <td>Lotion base</td> <td>q.s.</td> <td>120</td> <td>0</td> </tr> </tbody> </table>					Rx		gm. or ml.		Sulfur	12	0		Zinc Oxide	12	0		Talc	12	0		Lotion base	q.s.	120	0
Rx		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 EDITION OF 1 JAN 60 MAY BE USED. SAMPLE																								

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.

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

\*\*\*\*\*

**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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
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<sub>x</sub> symbol) represents recipe or take thou.

\*\*\*\*\*

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

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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>
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 <sub>x</sub>		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 R <sub>x</sub> 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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>
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 <sub>x</sub>		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 R <sub>x</sub> NUMBER	Charles Edwards MGT, 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.

\*\*\*\*\*

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

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.

\*\*\*\*\*

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

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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>												
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												
<table border="1"> <tr> <td rowspan="3">R<sub>x</sub></td> <td colspan="3">Aldomet Tablets</td> <td rowspan="3">gm. or ml. 5</td> </tr> <tr> <td colspan="3">Disp: 120</td> </tr> <tr> <td colspan="3">Sig: † p.o. QID</td> </tr> </table>					R <sub>x</sub>	Aldomet Tablets			gm. or ml. 5	Disp: 120			Sig: † p.o. QID		
R <sub>x</sub>	Aldomet Tablets			gm. or ml. 5											
	Disp: 120														
	Sig: † p.o. QID														
MFGR: MSD	EXP DATE: 7/03														
LOT NO: 1148A	FILLED BY: CWT														
001022	James Dean														
R <sub>x</sub> 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.")

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>												
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												
<table border="1"> <tr> <td rowspan="3">R<sub>x</sub></td> <td colspan="3">Dimetapp Elixir</td> <td rowspan="3">gm. or ml.</td> </tr> <tr> <td colspan="3">Disp: 4 ounces</td> </tr> <tr> <td colspan="3">Sig: † tsp p.o. QID</td> </tr> </table>					R <sub>x</sub>	Dimetapp Elixir			gm. or ml.	Disp: 4 ounces			Sig: † tsp p.o. QID		
R <sub>x</sub>	Dimetapp Elixir			gm. or ml.											
	Disp: 4 ounces														
	Sig: † tsp p.o. QID														
MFGR: A.H. Robins	EXP DATE: 3/04														
LOT NO: 1462	FILLED BY: CWT														
001043	Charles Edwards														
R <sub>x</sub> 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.")

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>										
FOR (Full name, address & phone number.) (If under 12 years, give age.)													
MEDICAL FACILITY			DATE										
<table border="1"> <tr> <td rowspan="2">℞</td> <td colspan="3"></td> <td>gm. or ml.</td> </tr> <tr> <td colspan="4"></td> </tr> </table>					℞				gm. or ml.				
℞				gm. or ml.									
MFGR:		EXP. DATE:											
LOT NO:		FILLED BY:											
℞ NUMBER		SIGNATURE, RANK AND DEGREE											
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>													

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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>
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 <sub>x</sub>		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	James Dean CPT, M.D.		
NUMBER	SIGNATURE, RANK AND DEGREE		
SAMPLE		EDITION OF 1 JAN 60 MAY BE USED. 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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>
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 <sub>x</sub>		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	Charles Edwards MAJ, M.D.		
NUMBER	SIGNATURE, RANK AND DEGREE		
SAMPLE		EDITION OF 1 JAN 60 MAY BE USED. 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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289	<b>SAMPLE</b>
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>	
MFGR:	EXP DATE:		
LOT NO:	FILLED BY:		
<b>BLOCK 7</b>		SIGNATURE, RANK AND DEGREE	
<i>Rx</i> NUMBER			
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>										
FOR (Full name, address & phone number.) (If under 12 years, give age.)													
MEDICAL FACILITY			DATE										
<table border="1"> <tr> <td rowspan="2">℞</td> <td colspan="4">Gm. or ml.</td> </tr> <tr> <td colspan="4"> </td> </tr> </table>					℞	Gm. or ml.							
℞	Gm. or ml.												
MFGR:		EXP DATE:											
LOT NO:		FILLED BY:											
℞ NUMBER		<b>BLOCK 8</b>											
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.

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>
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 <sub>x</sub>		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	James Dean		
R <sub>x</sub> NUMBER	SIGNATURE, RANK AND DEGREE CPT, M.D.		
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE			

Prescription 1022 was written by \_\_\_\_\_.

\*\*\*\*\*

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

\*\*\*\*\*

<b>SAMPLE</b>		DD FORM 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>
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 <sub>x</sub>		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	Charles Edwards		
R <sub>x</sub> NUMBER	SIGNATURE, RANK AND DEGREE MAJ, M.D.		
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		<i>(This form is subject to the Privacy Act of 1974 - Use Blanket PAS - DD Form 2005)</i>	
Rx: <small>(Cross out unused blanks below)</small>	Strength	Amount	Directions	Refill	
1.					
2.					
3.					
a. Full Name of Patient (AGE if under 12) <i>(Use Plastic Card or PRINT)</i>			Signature of Prescriber		PHARMACY USE ONLY
			Prescriber Identification <i>(Name, SSN or BNDD, Grade Degree, Service and Facility)</i>		
b. SSN of Sponsor:		FMP:	UCA Code:		
c. Patient's Address <i>(Mandatory for Controlled Substances)</i>			d. Work/Home Telephone <i>(For emergency only)</i>	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

Term or Abbreviation

Meaning

$\bar{c}$

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
0.	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 right eye

p.c. means after meals

O.S. means left eye

p.o. means by mouth

O.U. means both eyes

p.r.n. means if needed, as needed

<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 <sub>x</sub>	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>
$\bar{a}a$ .....	_____
ad lib .....	_____
b.i.d. ....	_____
$\bar{c}$ .....	_____
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. ....	_____
$\bar{s}$ .....	_____
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.

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
<small>FOR (Full name, address &amp; phone number.) (If under 12 years, give age.)</small>				
<i>Cassie Smith, Age 6</i>				
<i>Dep / SFC Charles Smith</i>				
<i>654 Funston Place</i>				
<i>San Antonio, TX 255-4306</i>				
<small>MEDICAL FACILITY</small> <i>Alamo Army Hosp</i>			<small>DATE</small> <i>23 April 2000</i>	
<b>R<sub>x</sub></b>		<small>Gm. or ml.</small>		
<i>Aspirin Tablets</i>				
<i>1 1/4 grain</i>				
<i>#36</i>				
<i>Sig: <math>\dot{\bar{v}}</math> tabs p.o. q 4 hr</i>				
<small>MFGR:</small> <i>Bayer</i>		<small>EXP DATE:</small> <i>12/04</i>		
<small>LOT NO:</small> <i>347A</i>		<small>FILLED BY:</small> <i>CWT</i>		
<i>11113</i>		<i>James Howard</i>		
<small>R<sub>x</sub> NUMBER</small>		<small>SIGNATURE, RANK AND DEGREE</small> <i>17C, M.D.</i>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

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.

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
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
<b>R<sub>x</sub></b>		Gm. or ml.	
Donnatal Elixir			
Disp: 8 ounces			
Sig: <i>ii t.i.p. p.o. q 6h p.r.n.</i>			
N.R.			
MFGR: A. H. Robins	EXP DATE: 4/03		
LOT NO: 1412	FILLED BY: CWT		
111114	Greg Powers		
<b>R<sub>x</sub></b> NUMBER	SIGNATURE, RANK AND DEGREE		
	CPT, M.D.		
<b>SAMPLE</b>	EDITION OF 1 JAN 60 MAY BE USED.	<b>SAMPLE</b>	

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.

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

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

Prescription 111115

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

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

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.

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289	<b>SAMPLE</b>
		DOD PRESCRIPTION	
FOR ( Full name, address & phone number.) (if under 12 years, give age.)			
<i>PFC James Martin</i>			
<i>1306 Windmill</i>			
<i>San Antonio, TX</i>			<i>655-8789</i>
MEDICAL FACILITY		DATE	
<i>Alamo Army Hosp</i>		<i>13 Apr 00</i>	
<b>R<sub>x</sub></b>		Gm. or ml.	
<i>Codeine SO<sub>4</sub> tabs</i>		<i>032</i>	
<i>#12 (Twelve)</i>			
<i>Sig: ÷ p.o. q 6 h p.r.n. pain</i>			
MFGR: <i>Chase</i>	EXP DATE: <i>1/02</i>		
LOT NO: <i>H016</i>	FILLED BY: <i>CWT</i>		
<i>111117</i>	<i>Alfred Boggs, MAJ, MD</i>		
<b>R<sub>x</sub></b> NUMBER	ALFRED BOGGS, 143-46-1011		
	SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>	EDITION OF 1 JAN 60 MAY BE USED.		<b>SAMPLE</b>

Codeine SO<sub>4</sub> (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 SO<sub>4</sub> 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.

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
<small>FOR ( Full name, address &amp; phone number.) (If under 12 years, give age.)</small>				
<p><b>Maj John Morton</b>  <b>1203 Broadway Ave</b>  <b>San Antonio, TX 223-1043</b></p>				
MEDICAL FACILITY <b>Alamo Army Hosp</b>			DATE <b>14 Apr 00</b>	
<p><b>R<sub>x</sub></b> <span style="float: right;"><small>Gm. or ml.</small></span></p> <p><b>Kwell Shampoo</b>  <b>1 bottle</b></p> <p><b>Sig: ut diet.</b></p>				
MFGR <b>Reed &amp; Carnrick</b>		EXP DATE: <b>10/00</b>		
LOT NO: <b>2X3941</b>		FILLED BY: <b>JWT</b>		
<p><b>111118</b>  <small>R<sub>x</sub> NUMBER</small></p>		<p><b>Paul Mosby</b>  <small>SIGNATURE, RANK AND DEGREE</small>  <b>CPT, MD</b></p>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

This signa is best translated to read: \_\_\_\_\_

\_\_\_\_\_

Prescription 111118

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

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

<b>SAMPLE</b>		DD <sup>FORM</sup> <sub>1 NOV 71</sub> 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
<i>Howard Davidson, Age 7</i>				
<i>106 Austin Highway</i>				
<i>San Antonio, TX 222-2737</i>				
MEDICAL FACILITY			DATE	
<i>Alamo Army Hosp</i>			<i>6 Apr 00</i>	
<b>R<sub>x</sub></b>				
<i>Cleocin Pediatric</i>				
<i>75mg/5ml</i>				
<i>Disp: 150 ml</i>				
<i>Sig: ss tsp p.o. q.i.d. for</i>				
<i>10 days</i>				
MFGR: <i>Upjohn</i>		EXP DATE: <i>12/00</i>		
LOT NO: <i>121X48</i>		FILLED BY: <i>CWT</i>		
<i>111120</i>		<i>David Scott</i>		
R <sub>x</sub> NUMBER		<i>LTC, M.D.</i>		
SIGNATURE, RANK AND DEGREE				
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

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.

<b>SAMPLE</b>		DD <sup>FORM</sup> <sub>1 NOV 71</sub> 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
<small>FOR (Full name, address &amp; phone number.) (If under 12 years, give age.)</small>				
<p><b>CPT Ed Mullenax</b>  <b>13 Raven Place</b>  <b>Alamo Heights, TX</b>  <b>822-1200</b></p>				
<small>MEDICAL FACILITY</small> <b>Alamo Army Hosp</b>			<small>DATE</small> <b>6 April 00</b>	
<b>R<sub>x</sub></b>				
			<small>Gm. or ml.</small>	
Olive Oil			30	
Linewater			30	
Ft. Emulsion				
Sig: Apply q.i.d. p.r.n.				
<small>MFGR:</small> <b>AAH</b>		<small>EXP DATE:</small> <b>6 Apr 02</b>		
<small>LOT NO:</small> <b>12157a</b>		<small>FILLED BY:</small> <b>CWT</b>		
<b>111121</b>		<b>Paul Kaster</b>		
<small>R<sub>x</sub> NUMBER</small>		<small>SIGNATURE / RANK AND DEGREE</small>		
		<b>CPT, M.D.</b>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

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.

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

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.

<b>SAMPLE</b>		DD <sup>FORM</sup> 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
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	
$\mathcal{R}_x$ Benadryl Elixir 4 ounces		Gm. or ml. 12.5 mg/ 5ml		
Sig: $\dagger$ 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 <small>R<sub>x</sub> NUMBER</small>		John Franklin WO3, P.A. <small>SIGNATURE, RANK AND DEGREE</small>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

This signa is best translated to read: \_\_\_\_\_

Prescription 111123

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

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289	<b>SAMPLE</b>	
		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>	
<b>R<sub>x</sub></b>		Gm. or ml.		
<i>Tetracycline HCl Caps</i>		<b>250</b>		
<i>#40</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>Albert Halverson</i>		
<small>R<sub>x</sub> NUMBER</small>		<small>SIGNATURE, RANK AND DEGREE</small>		
<b>SAMPLE</b>		<small>EDITION OF 1 JAN 60 MAY BE USED.</small>		<b>SAMPLE</b>

This signa is best translated to read: \_\_\_\_\_



Prescription 111124

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

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

<b>SAMPLE</b>		DD <sup>FORM</sup> <sub>1 NOV 71</sub> 1289	<b>SAMPLE</b>
		DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
<p><i>PFC Michael Jameson</i>  <i>Co D, 3 BN</i>  <i>AHS</i>  <i>221-6014</i></p>			
MEDICAL FACILITY		DATE	
<i>Alamo Army Hosp</i>		<i>23 Mar 00</i>	
<p><i>R<sub>x</sub></i>  <i>Aspirin Tablets</i>  <i>Disp # 25</i>    <i>Sig: <math>\ddot{\text{ii}}</math> p.o. q 4h</i></p>		<p>Gm. or ml.    <i>325</i></p>	
<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>CW7</i>
<p><i>111126</i>  <i>R<sub>x</sub></i> NUMBER</p>		<p><i>Constance Mays</i>  <i>MAJ, AMSC, P7</i>  SIGNATURE, RANK AND DEGREE</p>	
<b>SAMPLE</b>		<b>SAMPLE</b>	

The strength of the aspirin tablets dispensed is: \_\_\_\_\_.

This signa is best translated to read: \_\_\_\_\_

Prescription 111126

The strength of the aspirin tablets dispensed is 0.325 gram.

This signa is best translated to read: Take 2 tablets by mouth every 4 hours.

<b>SAMPLE</b>		DD <sup>FORM 1 NOV 71</sup> 1289	<b>SAMPLE</b>
DOD PRESCRIPTION			
FOR (Full name, address & phone number.) (If under 12 years, give age.)			
<i>Dorothy Aldo</i> <i>1212 Pierce</i> <i>Ft Sam Houston, TX</i> <i>221-6310</i>			
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>8 Apr 00</i>	
<b>Rx</b> <i>Oxytetracycline HCl</i> <i>Capsules</i> <i>#40</i> <i>Sig: † p.o. q.i.d.</i>		Gm. or ml. <i>250</i>	
MFGR: <i>Purepac</i>	EXP DATE: <i>3/01</i>		
LOT NO: <i>10X10</i>	FILLED BY: <i>JWT</i>		
<i>111127</i> Rx NUMBER	<i>Harold Jones, M.D.</i> SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

The oxytetracycline capsules dispensed to this patient were manufactured by

\_\_\_\_\_ and expire \_\_\_\_\_.

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.

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
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	
℞ 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 ℞ NUMBER		Ben Campbell CPT, M.D. SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

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.

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
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<sub>x</sub></i>		Gm. or ml.		
<i>Mandelamine Tabs</i> <i>#100</i>		<i>1 00</i>		
<i>Sig: † p.o. t.i.d.</i>				
<i>NR</i>				
MFGR: <i>W. Chilcott</i>		EXP DATE: <i>4/01</i>		
LOT NO: <i>221A</i>		FILLED BY: <i>CWT</i>		
<i>111128</i> R <sub>x</sub> NUMBER		<i>Alton Thompson</i> SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>		

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.

<b>SAMPLE</b>		DD <small>FORM 1 NOV 71</small> 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
<small>FOR (Full name, address &amp; phone number.) (if under 12 years, give age.)</small>				
<p><b>Janet Browning</b>  <b>10 Poet Place</b>  <b>San Antonio, TX</b></p>				
<small>MEDICAL FACILITY</small> <b>Alamo Army Hosp</b>			<small>DATE</small> <b>18 Apr 00</b>	
<b>R<sub>x</sub></b>		<small>Gm. or ml.</small>		
<p><b>Triavil Tablets</b>  <b>#120</b></p>		<p><b>Z-10</b></p>		
<p><b>Sig: † Tab p.o. t.i.d.</b></p>				
<b>N.R.</b>				
<small>MFGR:</small> <b>MSD</b>		<small>EXP DATE:</small> <b>9/02</b>		
<small>LOT NO:</small> <b>10X10</b>		<small>FILLED BY:</small> <b>CWT</b>		
<b>111130</b>		<b>Gerald James</b>		
<small>R<sub>x</sub> NUMBER</small>		<small>SIGNATURE, RANK AND DEGREE</small>		
		<b>CPT, M.D.</b>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

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.

<b>SAMPLE</b>		DD <sup>FORM</sup> 1 NOV 71 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (if under 12 years, give age.)				
<p><i>MAJ Ethan Page</i>  <i>15362 Minuteman</i>  <i>San Antonio, TX 653-1811</i></p>				
MEDICAL FACILITY <i>Alamo Army Hosp</i>			DATE <i>14 Mar 00</i>	
<p><i>R<sub>x</sub></i> <span style="float: right;">Gm. or ml.</span></p> <p style="text-align: center;"><i>Dilantin Caps</i> <span style="float: right;">100mg</span>  <i>#120</i></p> <p style="text-align: center;"><i>Sig: <math>\dot{\bar{i}}</math> p.o. t.i.d.</i></p>				
MFG <i>Parke - Davis</i>		EXP DATE: <i>1/02</i>		
LOT NO: <i>4113A</i>		FILLED BY: <i>CWT</i>		
<p><b>111131</b>  <small>R<sub>x</sub> NUMBER</small></p>		<p><i>Adam Johnson</i>  <small>LTC, MD</small>  <small>SIGNATURE, RANK AND DEGREE</small></p>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

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.

<b>SAMPLE</b>		DD <sup>FORM</sup> <sub>1 NOV 71</sub> 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
<p><i>Mrs. E. H. Chase</i>  <i>1061 Pinn Rd</i>  <i>San Antonio, TX</i></p> <p style="text-align: right;"><i>655-4101</i></p>				
MEDICAL FACILITY		DATE		
<i>Alamo Army Hosp</i>		<i>28 Mar 00</i>		
<p><i>R<sub>x</sub></i> <span style="float: right;">Gm. or ml.</span></p> <p style="text-align: center;"><i>Cordram Cream 1/2 strength</i>  <i>15 gm</i></p> <p style="text-align: center;"><i>Sig: Apply b.i.d. to affected area</i></p>				
MFGR: <i>Dista</i>		EXP DATE: <i>9/01</i>		
LOT NO: <i>X10A3</i>		FILLED BY: <i>CWT</i>		
<i>111132</i>		<i>Daimler Reynolds</i>		
<small>R<sub>x</sub> NUMBER</small>		<small>SIGNATURE, RANK AND DEGREE</small>		
<b>SAMPLE</b>		<b>SAMPLE</b>		

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.

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2. List any errors.

paragraph      error      correction

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

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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.