

Pharmacist Prescribing Notification- For Your Records

Notification Information

Original Prescriber:

Date:

Original Prescription Information

Prescription Details:

Pharmacist Prescribing Category

Adaptation Dose Formulation Regimen

Therapeutic Substitution **Continued Care** **Minor ailment** **Emergency Prescription**

Rationale for Prescribing:

Prescription Information

Affix Rx Label

Health Card Number:

Informed Consent :

Patient

Patient's Agent

Follow-up Plan

Therapeutic Goal	Communication to Patients	Follow-up Date	Pharmacist

Pharmacist's Signature:

Registration #:

