

Boston Reed
Pharmacy Technician Training Program
Week #10 Lab – Prescriptions – Labels

Prescriptions

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|---|---|
| <p style="text-align: center;">Community Medical Clinic 1700 South Tamiami Trail, Sarasota, FL 34239, (813) 952-2577</p> <hr/> <p>Patient Name: <u>Joanne Lafferty</u> Date <u>5/5/02</u> Address: <u>88 River Road, Sarasota, FL 34239</u></p> <p>R_x</p> <p style="margin-left: 40px;">Vicodin #30 Sig: 1-2 q 4 hrs prn pain</p> <p>Refill: <u>nr</u> Physician Signature: <u>J. Brown</u> DEA#12345678 Physician Name (printed): <u>J. Brown</u></p> | <p style="text-align: center;">Community Medical Clinic 1700 South Tamiami Trail, Sarasota, FL 34239, (813) 952-2577</p> <hr/> <p>Patient Name: <u>Kirk Lafferty</u> Date <u>5/5/02</u> Address: <u>88 River Road, Sarasota, FL 34239</u></p> <p>R_x</p> <p style="margin-left: 40px;">Hydrocortisone 1% cr 1 oz. Sig: Apply sparingly to aa bid</p> <p>Refill: <u>1</u> Physician Signature: <u>J. Brown</u> DEA#12345678 Physician Name (printed): <u>J. Brown</u></p> |
| <p style="text-align: center;">Community Medical Clinic 1700 South Tamiami Trail, Sarasota, FL 34239, (813) 952-2577</p> <hr/> <p>Patient Name: <u>Joanne Lafferty</u> Date <u>5/5/02</u> Address: <u>88 River Road, Sarasota, FL 34239</u></p> <p>R_x</p> <p style="margin-left: 40px;">LiCO3 300mg #30 Sig: 300mg q am , 600mg hs</p> <p>Refill: <u>3</u> Physician Signature: <u>J. Brown</u> DEA#12345678 Physician Name (printed): <u>J. Brown</u></p> | <p style="text-align: center;">Community Medical Clinic 1700 South Tamiami Trail, Sarasota, FL 34239, (813) 952-2577</p> <hr/> <p>Patient Name: <u>Kirk Lafferty</u> Date <u>5/5/02</u> Address: <u>88 River Road, Sarasota, FL 34239</u></p> <p>R_x</p> <p style="margin-left: 40px;">Robitussin w/codeine 3 oz. Sig: 1 tsp q 4 hrs and hs prn cough</p> <p>Refill: <u>nr</u> Physician Signature: <u>J. Brown</u> DEA#12345678 Physician Name (printed): <u>J. Brown</u></p> |
| <p style="text-align: center;">Community Medical Clinic 1700 South Tamiami Trail, Sarasota, FL 34239, (813) 952-2577</p> <hr/> <p>Patient Name: <u>Joanne Lafferty</u> Date <u>5/5/02</u> Address: <u>88 River Road, Sarasota, FL 34239</u></p> <p>R_x</p> <p style="margin-left: 40px;">Prozac 20mg #30 Sig: 1 qod, alternate w/ 2 other days</p> <p>Refill: <u>prn</u> Physician Signature: <u>J. Brown</u> DEA#12345678 Physician Name (printed): <u>J. Brown</u></p> | <p style="text-align: center;">Community Medical Clinic 1700 South Tamiami Trail, Sarasota, FL 34239, (813) 952-2577</p> <hr/> <p>Patient Name: <u>Kirk Lafferty</u> Date <u>5/5/02</u> Address: <u>88 River Road, Sarasota, FL 34239</u></p> <p>R_x</p> <p style="margin-left: 40px;">Viagra 100mg #6 Sig: 50mg 1 hr prior to activity</p> <p>Refill: <u>20</u> Physician Signature: <u>J. Brown</u> DEA#12345678 Physician Name (printed): <u>J. Brown</u></p> |

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Labels – Create labels using information from prescriptions on page 1.
 Type or handwrite. Assign a prescription #.

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| <p>Community Medical Clinic Pharmacy #2226 1700 South Tamiami Trail, Sarasota, FL 34239, (813) 952-2570</p> <p>Date _____ Rx #: _____</p> <p>Patient Name: _____.</p> <p>Address: _____.</p> <p>Refill: _____ Physician _____.</p> | <p>Community Medical Clinic Pharmacy #2226 1700 South Tamiami Trail, Sarasota, FL 34239, (813) 952-2570</p> <p>Date _____ Rx #: _____</p> <p>Patient Name: _____.</p> <p>Address: _____.</p> <p>Refill: _____ Physician _____.</p> |
| <p>Community Medical Clinic Pharmacy #2226 1700 South Tamiami Trail, Sarasota, FL 34239, (813) 952-2570</p> <p>Date _____ Rx #: _____</p> <p>Patient Name: _____.</p> <p>Address: _____.</p> <p>Refill: _____ Physician _____.</p> | <p>Community Medical Clinic Pharmacy #2226 1700 South Tamiami Trail, Sarasota, FL 34239, (813) 952-2570</p> <p>Date _____ Rx #: _____</p> <p>Patient Name: _____.</p> <p>Address: _____.</p> <p>Refill: _____ Physician _____.</p> |
| <p>Community Medical Clinic Pharmacy #2226 1700 South Tamiami Trail, Sarasota, FL 34239, (813) 952-2570</p> <p>Date _____ Rx #: _____</p> <p>Patient Name: _____.</p> <p>Address: _____.</p> <p>Refill: _____ Physician _____.</p> | <p>Community Medical Clinic Pharmacy #2226 1700 South Tamiami Trail, Sarasota, FL 34239, (813) 952-2570</p> <p>Date _____ Rx #: _____</p> <p>Patient Name: _____.</p> <p>Address: _____.</p> <p>Refill: _____ Physician _____.</p> |