

**BOSTON REED – Pharmacy Technician Program
Week 11 Lab – Prescription Forgeries**

Which of the following prescriptions are real and which are forgeries? Why

NAME M. MacKay
 ADDRESS 12 West DATE 4/14/03
 Rx: Tyc #4 #60
Big it T1 & C for Rny

REFILL 1 TIMES FROM ME M.D.
 Signature [Signature]
 21501 11.001154008-2-7440-0010

MEDICAL GROUP, INC.
STREET

PLEASE PRINT, STAMP, OR TYPE NAME [Signature], M.D.

PATIENT NAME <u>F. KING</u>	MEDICAL RECORD NO. <u>05</u>		
ADDRESS			
PHONE NUMBER ()	AGE	GENDER	QUANTITY
Rx Only one (1) prescription per blank for refill authorization clarity <u>PROMETH 1000 48000</u> <u>1 HP 66-84</u> <u>PRM 2005A</u>			Initial <u>4</u> of <u>5</u> doz Qty <u>16</u> Number of Refills <u>3</u> or circle "No Refills" Refill Qty <u>00</u> of <u>100</u>
Unless respective space is initialed, a Pharmacist may adjust "Sig" per and dispense TPMD Pharmacy & Therapeutic Committee approved alternate, i.e., _____ Generic, _____ Prop. Size, _____ Dosage Form/Strength or _____ Therapeutic Equivalent			INITIAL AS APPLICABLE No Known Allergies _____ or list on back (optional) Workers' Comp _____ 11159.2 Exempt _____ Spanish Label _____
CA LIC # _____ DEA # _____ RESCRIPTURE # <u>05</u>			Initial here _____ if a covering MD. M.D. DATE: <u>1-25-04</u> KP Formulary Code _____ or initial _____ if NE intended.

06077-000 (REV. 2-02)

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TELEPHONE [REDACTED] CAL LIC. NO. [REDACTED]
DEA REG. NO. [REDACTED]
NAME [REDACTED] AGE [REDACTED]
ADDRESS [REDACTED] DATE 3/23/04

Rx
Vicoprofen i q 4h prn pain
#20

REFILL TIMES [REDACTED] [REDACTED] 2 M.D.
[Signature]

NAME [REDACTED] AGE [REDACTED]
ADDRESS [REDACTED] DATE 3/23/04

Rx
Vicoprofen #50
T q 4h prn migraine

REFILL TIMES [REDACTED] [REDACTED] [REDACTED] M.D.
[Signature]

HOSPITAL
California
Ext. 175
Name: [REDACTED] Address: [REDACTED]

Rx
Vicodin
#20
sig: ipog 4h prn pain
4 refills

Signature: [Signature] Date: 12/1/2004
M.D. Cal. Lic. # [REDACTED] DEA