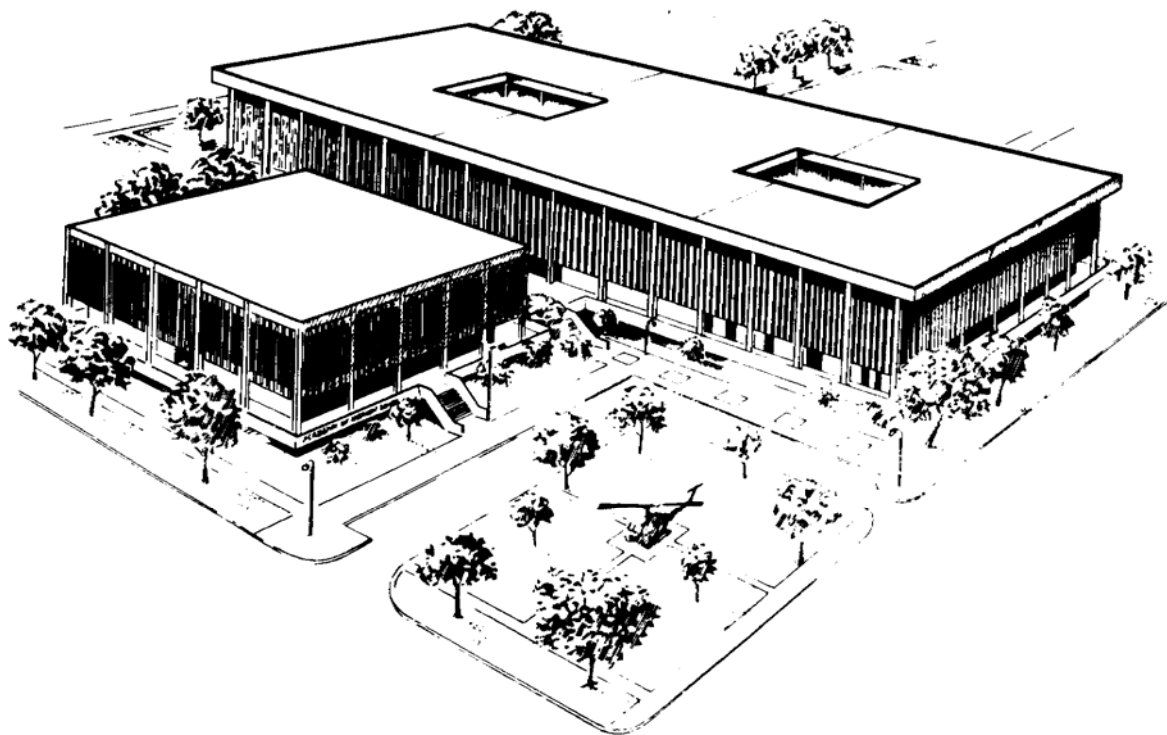


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**U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL  
FORT SAM HOUSTON, TEXAS 78234-6100**

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# **PRESCRIPTION INTERPRETATION**

**SUBCOURSE MD0801      EDITION 200**

## **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.

## **ADMINISTRATION**

For comments or questions regarding enrollment, student records, or shipments, contact the Nonresident Instruction Section 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](mailto:accp@amedd.army.mil), or write to:

COMMANDER  
AMEDDC&S  
ATTN MCCS HSN  
2105 11TH STREET SUITE 4192  
FORT SAM HOUSTON TX 78234-5064

Approved students whose enrollments remain in good standing may apply to the Nonresident Instruction Section for subsequent courses by telephone, letter, or e-mail.

Be sure your social security number is on all correspondence sent to the Academy of Health Sciences.

## **CLARIFICATION OF TRAINING LITERATURE TERMINOLOGY**

When used in this publication, words such as "he," "him," "his," and "men" are intended to include both the masculine and feminine genders, unless specifically stated otherwise or when obvious in context.

## **USE OF PROPRIETARY NAMES**

The initial letters of the names of some products are capitalized in this subcourse. Such names are proprietary names, that is, brand names or trademarks. Proprietary names have been used in this subcourse only to make it a more effective learning aid. The use of any name, proprietary or otherwise, should not be interpreted as an endorsement, deprecation, or criticism of a product; nor should such use be considered to interpret the validity of proprietary rights in a name, whether it is registered or not.

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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.

Here are some suggestions that may be helpful to you in completing this subcourse:

--Read and study each lesson carefully.

--Complete the subcourse lesson by lesson. After completing each lesson, work the exercises at the end of the lesson

--After completing each set of lesson exercises, compare your answers with those on the solution sheet that follows the exercises. If you have answered an exercise incorrectly, check the reference cited after the answer on the solution sheet to determine why your response was not the correct one.

**Credit Awarded:**

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

To receive credit hours, you must be officially enrolled and complete an examination furnished by the Nonresident Instruction Section at Fort Sam Houston, Texas.

You can enroll by going to the web site <http://atrrs.army.mil> and enrolling under "Self Development" (School Code 555).

## **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 INSTRUCTIONS

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.       
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 po q.i.d.

- a. Take 1 tablet 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 q.i.d. po 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 <small>FORM 1 NOV 71</small> 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 Dr</i> <i>Roundrock, TX 610-1090</i>				
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>1 Mar 00</i>		
<i>R<sub>x</sub></i> <i>Mandelamine Tabs</i> <i>#100</i>		<small>Gm. or ml.</small> <i>1</i>   <i>00</i>		
<i>Sig: <math>\dot{\bar{\imath}}</math> 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>CNT</i>		
<i>100101</i>		<i>Allen Thompson</i>		
<small>R<sub>x</sub> NUMBER</small>		<small>SIGNATURE, RANK AND DEGREE</small>		
<i>COL M D</i>				
<b>SAMPLE</b>		<small>EDITION OF 1 JAN 60 MAY BE USED.</small>		<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.)				
<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<sub>x</sub></i>				
<i>Ornade Caps</i> <i>#24</i> <i>Sig: <math>\dot{\bar{I}}</math> q 12 h</i>				
<i>N. R.</i>				
MFGR: <i>SKJ</i>		EXP DATE: <i>12/00</i>		
LOT NO: <i>14116A</i>		FILLED BY: <i>CRJ</i>		
<i>11125</i> <small>R<sub>x</sub> NUMBER</small>		<i>Gene Griffith</i> <small>SIGNATURE, RANK AND DEGREE</small> <i>17C MD</i>		
<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.

**Check Your Answers on Next Page**

## SOLUTIONS TO PRETEST

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

This Pretest Feedback 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 (✓) next to 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	1-3--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--1-76
	19	
Signa	20	
Interpretations	21	
	22	
	23	
Prescription	24	1-53--1-76
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.

### 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 1

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

### The One-Item Prescription (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.)		
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 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
<p><b>SFC John P. Taylor</b>  <b>1363 Soldier Road</b>  <b>Ft Sam Houston, TX</b>  <b>221-6453</b></p>				
MEDICAL FACILITY <b>Alamo Army Hosp</b>			DATE <b>6 Mar 00</b>	
<p><b>Rx</b> <span style="float: right; font-size: small;">Gm. or ml.</span></p> <p><b>Aldomet Tablets</b> <span style="float: right;">5</span></p> <p><b>Disp: 120</b></p> <p><b>Sig: <math>\dot{\bar{i}}</math> QID</b></p>				
MFGR: <b>MSD</b>		EXP DATE: <b>7/03</b>		
LOT NO: <b>1148A</b>		FILLED BY: <b>CWT</b>		
<p><b>001022</b></p> <p><small>Rx NUMBER</small></p>		<p><b>James Dean</b></p> <p><small>SIGNATURE, RANK AND DEGREE</small></p> <p><b>CPT, M.D.</b></p>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

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 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
<p><b>Mary Johnson, Age 6</b>  <b>196 Jamison Place</b>  <b>Ft Sam Houston, TX</b>  <b>221-6519</b></p>				
MEDICAL FACILITY <b>Dewitt Army Hosp</b>			DATE <b>3 Apr 00</b>	
<p><b>Rx</b> <span style="float: right; font-size: small;">Gm. or ml.</span></p> <p><b>Dinetapp Elixir</b></p> <p><b>Disp: 4 ounces</b></p> <p><b>Sig: <math>\dot{\bar{i}}</math> tsp QID</b></p>				
MFGR: <b>A.H. Robins</b>		EXP DATE: <b>3/04</b>		
LOT NO: <b>1462</b>		FILLED BY: <b>CWT</b>		
<p><b>001043</b></p> <p><small>Rx NUMBER</small></p>		<p><b>Charles Edwards</b></p> <p><small>SIGNATURE, RANK AND DEGREE</small></p> <p><b>MAJ, M.D.</b></p>		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>				

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		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

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																
<table border="1"> <tr> <td>R<sub>x</sub></td> <td colspan="3">Aldomet Tablets</td> <td>5</td> </tr> <tr> <td></td> <td colspan="3">Disp: 120</td> <td></td> </tr> <tr> <td></td> <td colspan="3">Sig: <math>\dot{\bar{i}}</math> QID</td> <td></td> </tr> </table>					R <sub>x</sub>	Aldomet Tablets			5		Disp: 120					Sig: $\dot{\bar{i}}$ QID			
R <sub>x</sub>	Aldomet Tablets			5															
	Disp: 120																		
	Sig: $\dot{\bar{i}}$ 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 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																
<table border="1"> <tr> <td>R<sub>x</sub></td> <td colspan="3">Dimetapp Elixir</td> <td></td> </tr> <tr> <td></td> <td colspan="3">Disp: 4 ounces</td> <td></td> </tr> <tr> <td></td> <td colspan="3">Sig: <math>\dot{\bar{i}}</math> tsp QID</td> <td></td> </tr> </table>					R <sub>x</sub>	Dimetapp Elixir					Disp: 4 ounces					Sig: $\dot{\bar{i}}$ tsp QID			
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	Sig: $\dot{\bar{i}}$ tsp 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 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: $\dot{\bar{i}}$ 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			

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: $\dot{\bar{i}}$ tsp 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			

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>	
		BLOCK 4	
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 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>Rx</i> <table border="1" style="width: 100%;"> <tr> <td style="width: 70%; text-align: center;">A solid</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 5%; text-align: center;">5</td> <td style="width: 10%; text-align: center;"><i>Gm. or ml.</i></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 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>Rx</i> <table border="1" style="width: 100%;"> <tr> <td style="width: 70%; text-align: center;">A liquid</td> <td style="width: 5%; text-align: center;">4</td> <td style="width: 5%; text-align: center;">8</td> <td style="width: 10%; text-align: center;"><i>Gm. or ml.</i></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> </tr> </thead> <tbody> <tr> <td>Menthol crystals</td> <td>10</td> <td>0</td> </tr> <tr> <td>Ethyl alcohol</td> <td>80</td> <td>0</td> </tr> <tr> <td>Dist. H<sub>2</sub>O</td> <td>q.s.a.d. 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> </tr> </thead> <tbody> <tr> <td>Sulfur</td> <td>12</td> <td>0</td> </tr> <tr> <td>Zinc Oxide</td> <td>12</td> <td>0</td> </tr> <tr> <td>Talc</td> <td>12</td> <td>0</td> </tr> <tr> <td>Lotion base</td> <td>q.s. 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 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY			DATE	
$\mathcal{R}$		Gm. or ml.		
*****		*****		
<b>BLOCK 5</b>		*****		
*****		*****		
*****		*****		
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>

superscription  
 inscription  
 subscription  
 signa

\*\*\*\*\*

**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>	
Ethaverine 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 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	
℞		gm. or ml.	
Aldomet Tablets		5	
Disp: 120			
Sig: † QID			
MFGR: MSD	EXP DATE: 7/03		
LOT NO: 7748A	FILLED BY: CWT		
001022	James Dean		
℞ NUMBER	SIGNATURE RANK AND DEGREE CPT M.D.		
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 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	
℞		gm. or ml.	
Dimetapp Elixir			
Disp: 4 ounces			
Sig: † tsp QID			
MFGR: A.H. Robins	EXP DATE: 3/04		
LOT NO: 1462	FILLED BY: CWT		
001043	Charles Edwards		
℞ NUMBER	SIGNATURE RANK AND DEGREE MAJ M.D.		
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 1 NOV 71 1289	<b>SAMPLE</b>	
DOD PRESCRIPTION				
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
MEDICAL FACILITY		DATE		
℞		Gm. or ml.		
Sig: † QID				
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
℞ 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.

\*\*\*\*\*

<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 rowspan="3">R<sub>x</sub></td> <td colspan="3">gm. or ml.</td> </tr> <tr> <td colspan="3">Aldomet Tablets</td> </tr> <tr> <td colspan="3">Disp: 120</td> </tr> <tr> <td colspan="3">Sig: † QID</td> <td>5</td> </tr> </table>					R <sub>x</sub>	gm. or ml.			Aldomet Tablets			Disp: 120			Sig: † QID			5
R <sub>x</sub>	gm. or ml.																	
	Aldomet Tablets																	
	Disp: 120																	
Sig: † QID			5															
MFGR: MSD		EXP DATE: 7/03																
LOT NO: 7748A		FILLED BY: CWT																
001022 ℞ NUMBER		James Dean CPT, M.D. SIGNATURE, RANK AND DEGREE																
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 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 rowspan="3">R<sub>x</sub></td> <td colspan="3">gm. or ml.</td> </tr> <tr> <td colspan="3">Dimetapp Elixir</td> </tr> <tr> <td colspan="3">Disp: 4 ounces</td> </tr> <tr> <td colspan="3">Sig: † tsp TID</td> <td></td> </tr> </table>					R <sub>x</sub>	gm. or ml.			Dimetapp Elixir			Disp: 4 ounces			Sig: † tsp TID			
R <sub>x</sub>	gm. or ml.																	
	Dimetapp Elixir																	
	Disp: 4 ounces																	
Sig: † tsp TID																		
MFGR: A.H. Robins		EXP DATE: 3/04																
LOT NO: 1462		FILLED BY: CWT																
001043 ℞ NUMBER		Charles Edwards Maj, M.D. SIGNATURE, RANK AND DEGREE																
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">R<sub>x</sub></td> <td colspan="3"></td> <td>Gm. or ml.</td> </tr> <tr> <td colspan="4"></td> </tr> </table>					R <sub>x</sub>				Gm. or ml.				
R <sub>x</sub>				Gm. or ml.									
MFGR:	<b>BLOCK 6</b>		EXP. DATE:										
LOT NO:			FILLED BY:										
R <sub>x</sub> 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 40-2 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 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>Rx</td> <td>gm. or ml.</td> </tr> <tr> <td>Aldomet Tablets Disp: 120 Sig: † QID</td> <td>5</td> </tr> </table>					Rx	gm. or ml.	Aldomet Tablets Disp: 120 Sig: † QID	5
Rx	gm. or ml.							
Aldomet Tablets Disp: 120 Sig: † 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 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 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>Rx</td> <td>gm. or ml.</td> </tr> <tr> <td>Dimetapp Elixir Disp: 4 ounces Sig: † tsp QID</td> <td></td> </tr> </table>					Rx	gm. or ml.	Dimetapp Elixir Disp: 4 ounces Sig: † tsp QID	
Rx	gm. or ml.							
Dimetapp Elixir Disp: 4 ounces Sig: † tsp 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 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	
℞		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									
<table border="1"> <tr> <td>Rx</td> <td>gm. or ml.</td> </tr> <tr> <td>Aldomet Tablets</td> <td>5</td> </tr> <tr> <td>Disp: 120</td> <td></td> </tr> <tr> <td>Sig: <math>\dot{\bar{i}}</math> QID</td> <td></td> </tr> </table>					Rx	gm. or ml.	Aldomet Tablets	5	Disp: 120		Sig: $\dot{\bar{i}}$ QID	
Rx	gm. or ml.											
Aldomet Tablets	5											
Disp: 120												
Sig: $\dot{\bar{i}}$ QID												
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 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									
<table border="1"> <tr> <td>Rx</td> <td>gm. or ml.</td> </tr> <tr> <td>Dimetapp Elixir</td> <td></td> </tr> <tr> <td>Disp: 4 ounces</td> <td></td> </tr> <tr> <td>Sig: <math>\dot{\bar{i}}</math> tsp QID</td> <td></td> </tr> </table>					Rx	gm. or ml.	Dimetapp Elixir		Disp: 4 ounces		Sig: $\dot{\bar{i}}$ tsp QID	
Rx	gm. or ml.											
Dimetapp Elixir												
Disp: 4 ounces												
Sig: $\dot{\bar{i}}$ tsp 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 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: <i>(Cross out unused blanks below)</i>	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).

## 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
gm	gram (1000 milligrams [mg])
gr.	grain
gtt	drop
h. (hor.)	hour
h.s. (hor. som.)	at bedtime, at the hour of sleep
inj.	injection
inter.	between
L	liter (1000 milliliters [ml])
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
oz	ounce (30 ml)
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 <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>
sl	sublingual (beneath/under the tongue)
ss	one half
S.V.R.	alcohol (95% ethyl alcohol)
S.V.T.	diluted alcohol
stat	immediately, now
t.	three
tab	tablet
t.i.d.	three times a day
tsp	teaspoon
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>
$\bar{a}$	_____
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.) .....	_____

### Solutions 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.

Sometimes numbers are written as Roman numerals. Some are given below.

i (one)

ii (two)

iii (three)

iv (four)

v (five)

vi (six)

vii (seven)

viii (eight)

ix (nine)

x (ten)

xi (eleven)

xii (twelve)

XL (forty)

L (fifty)

C (one hundred)

[Continue with Exercises](#)

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## EXERCISES, LESSON 1

**NOTE:** This series of exercises will take the form of a programmed text. The solution to the exercise directly follows.

<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.)	
<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<sub>x</sub></i>				
<i>Aspirin Tablets</i> <i>1 1/4 grain</i> <i>#36</i> <i>Sig: <math>\dot{\bar{v}}</math> tabs q 4 hr</i>				
MFGR: <i>Bayer</i>		EXP DATE: <i>12/04</i>		
LOT NO: <i>347A</i>		FILLED BY: <i>CWT</i>		
<i>11113</i>		<i>James Howard</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>				

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> 1289 1 NOV 71 DOD PRESCRIPTION	<b>SAMPLE</b>	
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		
℞		Gm. or ml.		
Donnatal Elixir				
Disp: 8 ounces				
Sig: ss tsp. q 6h p.r.n.				
N.R.				
MFGR: A. H. Robins	EXP DATE: 4/03			
LOT NO: 1412	FILLED BY: CWT			
111114	Greg Powers			
℞ NUMBER	CPT, M.D.			
		SIGNATURE, RANK AND DEGREE		
<b>SAMPLE</b>		<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> <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><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><i>Rx</i></p> <p><i>Ampicillin Suspension</i>  <i>Disp: 200 ml</i></p> <p><i>Sig: † tsp 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>Rx 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.)			
<b>LTC Howard Robinson</b> <b>3 Spring Street</b> <b>San Antonio, TX 616-3019</b>			
MEDICAL FACILITY <i>Alamo Army Hosp</i>		DATE <i>23 Mar 00</i>	
$\mathcal{R}$ <b>Penicillin VK Tabs</b> <b>#40</b>		<i>Gm. or ml.</i> <b>250</b>	
Sig: $\dot{\dagger}$ q.i.d. x 10 days			
MFGR: <i>Lilly</i>	EXP DATE: <i>1/02</i>		
LOT NO: <i>16Z144</i>	FILLED BY: <i>CWT</i>		
<b>111116</b>	<i>John Harrod</i>		
$\mathcal{R}$ NUMBER	SIGNATURE, RANK, AND DEGREE		
	<b>MAJ, M.D.</b>		
<b>SAMPLE</b>		<b>SAMPLE</b>	
EDITION OF 1 JAN 60 MAY BE USED.			

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 ten days.

<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>				
<b>PFC James Martin</b> <b>1306 Windmill</b> <b>San Antonio, TX</b> <span style="float: right;"><b>655-8789</b></span>				
<small>MEDICAL FACILITY</small> <i>Alamo Army Hosp</i>			<small>DATE</small> <i>13 Apr 00</i>	
<b>R<sub>x</sub></b>		<small>Gm. or ml.</small>		
<b>Codeine SO<sub>4</sub> tabs</b> <b>#12 (Twelve)</b>		<b>032</b>		
<b>Sig: <math>\div</math> q 6 h p.r.n. pain</b>				
<small>MFGR:</small> <i>Chase</i>		<small>EXP DATE:</small> <i>1/02</i>		
<small>LOT NO:</small> <i>H016</i>		<small>FILLED BY:</small> <i>CWT</i>		
<i>111117</i> <small>R<sub>x</sub> NUMBER</small>		<i>Alfred Boggs, MAJ, MD</i> <small>ALFRED BOGGS, 143-46-1011</small> <small>SIGNATURE, RANK AND DEGREE</small>		
<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	<b>SAMPLE</b>	
		DOD PRESCRIPTION		
FOR ( Full name, address & phone number.) (If under 12 years, give age.)				
<p><b>Maj John Morton</b>  <b>1203 Broadway Ave</b>  <b>San Antonio, TX 223-1043</b></p>				
MEDICAL FACILITY <i>Alamo Army Hosp</i>			DATE <i>14 Apr 00</i>	
<p><b>R<sub>x</sub></b>  <b>Kwell Shampoo</b>  <b>1 bottle</b></p> <p><b>Sig: ut diet.</b></p>		Gm. or ml.		
MFGR <i>Reed &amp; Carnrick</i>		EXP DATE: <i>10/00</i>		
LOT NO: <i>2X3941</i>		FILLED BY: <i>JWT</i>		
111118		<i>Paul Mosby</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 111118

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

<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.)			
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: † 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		
<b>SAMPLE</b> EDITION OF 1 JAN 60 MAY BE USED. <b>SAMPLE</b>			

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>				
Gm. or ml.				
<i>Cleocin Pediatric</i>				
<i>75mg/5ml</i>				
<i>Disp: 150 ml</i>				
<i>Sig: ss tsp q.i.d. for 10 days</i>				
MFGR: <i>Upjohn</i>		EXP DATE: <i>12/00</i>		
LOT NO: <i>L11X4B</i>		FILLED BY: <i>CW1</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 <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>				
<b>CPT Ed Mullenax</b> <b>13 Raven Place</b> <b>Alamo Heights, TX</b> <span style="float: right;"><b>822-1200</b></span>				
<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	
Limewater			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> <small>R<sub>x</sub> NUMBER</small>		<b>Paul Kaster</b> <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 <sup>FORM</sup> 1 NOV 71 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;">Gm. or ml.</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 Rx NUMBER			David Anderson LTC, MD SIGNATURE, RANK AND DEGREE	
<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	
℞ Benadryl Elixir 4 ounces		Gm. or ml. 12.5 mg/ 5ml		
Sig: † Teaspoonful 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 ℞ NUMBER		John Franklin WO3, P.A. 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 111123

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

<b>SAMPLE</b>		DD <sup>FORM</sup> <sub>1 NOV 71</sub> 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
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 <i>Alamo Army Hosp</i>			DATE <i>18 Mar 00</i>	
<b>R<sub>x</sub></b>		Gm. or ml.		
<i>Tetracycline HCl Caps</i> <i>#40</i>		<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px; display: inline-block;"> <i>250</i> </div>		
<i>Sig: † cap q.i.d.</i>				
MFGR: <i>Parepac</i>		EXP DATE: <i>6/03</i>		
LOT NO: <i>TX643</i>		FILLED BY: <i>JWT</i>		
<i>111124</i> <small>R<sub>x</sub> NUMBER</small>		<i>Albert Halverson</i> <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 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	<b>SAMPLE</b>
		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	
$\mathcal{R}$		Gm. or ml.	
Ornade Capsules			
#20			
Sig: $\dot{\bar{\imath}}$ cap q 12 h			
NR			
MFGR: S.K.&F	EXP DATE: 12/01		
LOT NO: AC304	FILLED BY: CWT		
111125	Alex Robinson		
$\mathcal{R}$ NUMBER	SIGNATURE, RANK AND DEGREE		
	LTC, M.D.		
<b>SAMPLE</b>		<b>SAMPLE</b>	

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> 1 NOV 71 1289	<b>SAMPLE</b>	
		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>AHS</i>				
<i>221-6014</i>				
MEDICAL FACILITY			DATE	
<i>Alamo Army Hosp</i>			<i>23 Mar 00</i>	
<b>R<sub>x</sub></b>		Gm. or ml.		
<i>Aspirin Tablets</i>		<i>325</i>		
<i>Disp # 25</i>				
<i>Sig: <math>\ddot{\text{ii}}</math> q 4h</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>CW7</i>	
<i>111126</i>		<i>Constance Mays</i>		
<b>R<sub>x</sub></b> NUMBER		SIGNATURE, RANK AND DEGREE		
		<i>MAJ, AMSC, P7</i>		
<b>SAMPLE</b>		EDITION OF 1 JAN 60 MAY BE USED.		<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 <small>FORM 1 NOV 71</small> 1289 DOD PRESCRIPTION	<b>SAMPLE</b>	
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>R<sub>x</sub></b>		<small>Gm. or ml.</small>		
<i>Oxytetracycline HCl</i> <i>Capsules</i>  <i>#40</i>  <i>Sig: † q.i.d.</i>		<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> <i>250</i> </div>		
MFGR: <i>Purepac</i>		EXP DATE: <i>3/01</i>		
LOT NO: <i>10X10</i>		FILLED BY: <i>JWT</i>		
<i>111127</i> <small>R<sub>x</sub> NUMBER</small>		<i>Harold Jones, M.D.</i> <small>SIGNATURE, RANK AND DEGREE</small> <i>COL, MC</i>		
<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> 1289 1 NOV 71 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 initially, then $\ddot{\text{ii}}$ 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> 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</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>  <i>Mandelamine Tabs</i> <i>#100</i>  <i>Sig: † 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>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 <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>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 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 1 NOV 71</sup> 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;"><i>100mg</i></span>  <i>#120</i></p> <p style="text-align: center;"><i>Sig: <math>\dot{\bar{t}}</math> 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>		
<i>111131</i> R <sub>x</sub> NUMBER		<i>Adam Johnson</i> <i>LTC, MD</i> SIGNATURE, RANK AND DEGREE		
<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 <i>Alamo Army Hosp</i>			DATE <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>CW7</i>		
<i>111132</i>		<i>Daimler Reynolds</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>				

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.

**End of Lesson 1**