

Date of Report: ___/___/___

UNUSUAL PRESCRIPTION OR MEDICATION REQUEST FORM

The Vermont Communicable Disease Regulations require pharmacists to report unusual or increased prescription requests, unusual types of prescriptions, or unusual trends in pharmacy visits that may result from bioterrorist acts, epidemic or pandemic disease, or novel and highly fatal infectious agents or biological toxins.

Prescription Information

Is this: ___ unusual prescription request ___ unusual trend ___ unusual request for information

Category: ___ Botulinum antitoxin	___ Unusual antitoxin or antidote	___ Anti-pyretic
___ Anti-diarrheal	___ Decongestant	___ Anticonvulsant
___ Antibiotic	___ Antiviral	___ Analgesic

Drug Name: _____ Dose & Frequency: _____
Date Prescription Written: _____ Date Dispensed: _____

Have sales of this prescription increased recently? ___ Yes ___ No

If yes, specify approximate date of sale increase _____
Magnitude of increase _____

Have requests for information about this medication increased recently? ___ Yes ___ No

If yes, specify approximate date of increase in requests _____
Magnitude of request increase _____

Other relevant information _____

Patient Information

Name: _____

Address: _____

Apt#: _____ City: _____ State: _____ Zip: _____ County: _____

Birth date: ___/___/___ Age: _____ Sex: ___ Female ___ Male ___ Unk

Race (check all that apply): ___ American Indian/ Alaskan Native ___ Asian ___ Black/ African American
___ Native Hawaiian/Pacific Islander ___ White ___ Other ___ Unk

Ordering Provider Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact phone: (____) ____ - ____

Pharmacist Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact phone: (____) ____ - ____