

INSTITUTION STYLE SECURITY PRESCRIPTION FORM SAMPLE IN A MULTIPLE DRUG FORMAT

Institution forms can only be used by health care facilities licensed under Health & Safety Code section 1250. Generally, these are 24-hour acute care hospitals, skilled nursing facilities, etc. The forms are preprinted with the facility and the facility's "designated prescriber" information as indicated below. The actual prescriber information will be printed, handwritten, or stamped on the form when the prescription is written.

<input type="checkbox"/> VOID APPEARS WHEN COPIED		<input type="checkbox"/> REVERSE RX		<input type="checkbox"/> MICROPRINT SIGNATURE LINE		<input type="checkbox"/> CA WATERMARK		
Institution's State License Number 9999999-0001 Institution Name Address City, State Zip Designated Prescriber: Designated Prescriber Name, Category of Licensure, DEA Number, State License Number								
Prescriber Name & Category of Licensure _____		DEA Number _____		State License Number _____		Telephone Number _____		
		Name _____ DOB _____ Address _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F				Rx		
1)				Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 - over Unit _____ Refills: 0 - 1 - 2 - 3 - 4 - 5 <input type="checkbox"/> Do Not Substitute Initials _____				
2)	SAMPLE ONLY – ACTUAL FORMS WILL VARY			Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 - over Unit _____ Refills: 0 - 1 - 2 - 3 - 4 - 5 <input type="checkbox"/> Do Not Substitute Initials _____				
3)				Quantity: <input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 - over Unit _____ Refills: 0 - 1 - 2 - 3 - 4 - 5 <input type="checkbox"/> Do Not Substitute Initials _____				
X	_____ Date _____ Prescription is void if the number of drugs is not noted: _____							
<input type="checkbox"/> THERMOCHROMIC INK SYMBOL		<input type="checkbox"/> QUANTITY CHECK BOXES		<input type="checkbox"/> CHEMICAL VOID PROTECTION				

● **Batch/Lot Numbers** – Unique batch and sequential lot numbers assigned by approved security printers. Numbers are not tracked by the State.

● **Actual Prescriber** – the prescription is not valid without the actual prescriber information filled in.

● **Opaque Writing** fades or disappears when photocopied repeatedly to lighten.

● **Six quantity check boxes** allow quick confirmation that the quantity prescribed has not been altered.

● **Do Not Substitute** – if desired, prescriber must check box and initial

● **Refills** – CII drugs cannot be refilled, only CIII – V can be refilled.

● **Description of security features** in warning bands on face or listed on back of prescription. (see sample of backside)

● **Thermochromic ink** feature changes color or disappears temporarily with hot breath or when rubbed briskly. It slowly returns to normal as it cools.

● **Statement** allows multiple prescriptions on one form. Prescribers must note the number of drugs prescribed.