

Prescribing indicator recording form

Location: _____

Investigator: _____

Date: _____

Seq. #	Type	Date prescription was written	Age (yrs.)	# of Drugs prescribed	# of Generics	Presence of Antibiotic (0/1)*	Presence of Injection (0/1)*	# of drugs on ENLM	Diagnosis
1.	Retrospective								
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.									
27.									
28.									
29.									
30.									
31.									
32.									
33.									
34.									
35.									
Sub total									

* 0 = No *1= Yes

Detailed Prescribing Encounter Form

Location: _____

Investigator: _____ **Date:** _____

ID #	Date	Name	Age	Sex	Prescriber
Health Problems	Health Problem Description (Chief complaint)				
	1.				
	2.				
	3.				
Drugs	Name and Strength		Quantity	Unit price	Total price
	1.				
	2.				
	3.				
	4.				
	5.				
Grand total price					