

# Pharmacist Prescribing Notification- For Your Records

## Notification Information

Original Prescriber:

Date:

## Original Prescription Information

Prescription Details:

## Pharmacist Prescribing Category

- Adaptation**    Dose    Formulation    Regimen
- Immunization**    **Therapeutic Substitution**    **Continued Care**    **Minor Ailment**
- Emergency Prescription**

Rationale for Prescribing:

## Prescription Information

Affix Rx Label

Health Card Number:

Informed Consent:

- Patient
- Patient's Agent

*Follow-up Plan*

Therapeutic Goal	Communication to Patients	Follow-up Date	Pharmacist
Pharmacist's Signature:		Registration #:	