











Yes	No	N/A	<b>Rule Reference</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	Does the dispensing record contain all of the required information? <ul style="list-style-type: none"> <li>• Name of patient;</li> <li>• Unique identifier (“prescription number”)</li> <li>• Dose, dosage form, quantity dispensed and either brand name of drug, or generic name and name of manufacturer or distributor;</li> <li>• Directions for use;</li> <li>• Date of dispensing;</li> <li>• Initials of person dispensing the prescription.</li> </ul>	<a href="#">OAR 855-043-0750(1)(a-f)</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	Are all records of receipt and disposal of drugs kept for a minimum of three years?  Where are the records kept?	<a href="#">OAR 855-043-0750(2)</a>

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_