RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES

SECTION: **CLINIC PHARMACY**
OUTPATIENT SERVICE

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APPROVED: Thinh Tran, Pharm. D.
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SUBJECT: **PRESCRIPTION LABEL**

POLICY

All prescriptions shall conform to California State Board of Pharmacy Regulations, and shall contain any auxiliary labels for contraindications, cautions, or additional medication information sheets. All DEA controlled drugs will have proper labeling as mandated by Federal Law.

All prescriptions will be placed in the child-resistant containers or sealed container (some OTC products) unless the patient or physician wishes to sign a consent form to have non-child resistant containers.

Labels will be placed on the manufacturers original containers or on new, amber colored vials or bottles; used containers are not permitted.

PROCEDURE

Prescription labels are to include the following information:

1. Pharmacy name, address, and telephone number.
2. Name of patient, medical record number or date of birth (DOB).
3. Date.
4. Prescription number.
5. Medication name, strength, quantity and expiration date.
6. The condition or purpose for which the drug was prescribed if indicated on the prescription
7. Manufacturer (or approved abbreviation) and imprint description of the tablet/capsule.
8. Directions for use (Spanish if requested).
9. Name of practitioner.
10. Precautionary information.
11. Regulatory DEA cautionary label.
12. Number of refills.

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Approved By: