

PRESCRIPTION (Rx) REPORT

To the Prescriber: Anyone asking you to complete this form has been placed under terms of an Order by their health profession's licensing board; BE SURE YOU KNOW WHICH BOARD LICENSES YOUR PATIENT. A copy of that Order can be obtained from the licensee or on the agency's website: www.dhp.virginia.gov

A written report from any prescriber must be mailed to the Board within ten (10) days each time any mood-altering substance, or any Schedule II–V controlled substance, is prescribed to the licensee, according to the terms of the Order. **Please print clearly.**

Patient's name: _____

I have a copy of the above Order: Yes No

I have a bona fide practitioner/patient relationship with this person: Yes No

Prescribed drug, strength, quantity, & prescribed dosage:	Accepted medicinal / therapeutic purpose:	# of refills:	Date of Rx:

Prescriber's Name: _____

License #: _____ State Licensed: _____

Name of Practice: _____

Practice Address: _____

Signature of Prescriber _____ (Original Signature Required)

Date _____