

# INCIDENT REPORT FORM

## CLINIC/PHARMACY INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PATIENT INFORMATION

Patient Name \_\_\_\_\_ Gender M/F  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Parent/Guardian (if minor) \_\_\_\_\_

## INCIDENT INFORMATION

Date of Incident \_\_\_\_\_

Incident Reported to \_\_\_\_\_

RX No. \_\_\_\_\_ New or Refill Prescription Scanned? Y / N

Prescribed Drug/Strength \_\_\_\_\_

Directions \_\_\_\_\_

Quantity Prescribed \_\_\_\_\_ Quantity Ingested/Applied \_\_\_\_\_

Quantity Dispensed \_\_\_\_\_ Quantity Returned \_\_\_\_\_

Verified or Filled by: \_\_\_\_\_

Other Personnel Involved and License/Registration Number:

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Healthcare Providers Description of Incident:

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- 1) Patient allegedly received wrong drug
- 2) Patient allegedly received incorrect drug strength
- 3) Patient allegedly received incorrect dosage form
- 4) Drug allegedly received by wrong patient
- 5) Allegedly dispensed inadequate or incorrect packaging, labeling, or directions
- 6) Allegedly dispensed drug to a patient in a situation that resulted in or has the potential to result in serious harm to the patient.

Was Prescriber Contacted?                      Y / N

Prescriber's Name \_\_\_\_\_

Name & Signatures of All Pharmacy Employees involved in the Incident.

Print Name \_\_\_\_\_ Signature: X \_\_\_\_\_

Print Name \_\_\_\_\_ Signature: X \_\_\_\_\_

Print Name \_\_\_\_\_ Signature: X \_\_\_\_\_

Print Name \_\_\_\_\_ Signature: X \_\_\_\_\_

Print Name \_\_\_\_\_ Signature: X \_\_\_\_\_

Print Name \_\_\_\_\_ Signature: X \_\_\_\_\_