DEVELOPMENT

This subcourse is approved for resident and correspondence course instruction. It reflects the current thought of the Academy of Health Sciences and conforms to printed Department of the Army doctrine as closely as currently possible. Development and progress render such doctrine continuously subject to change.

The instructional systems specialist for the revision of this version of the subcourse was: Mr. John Arreguin; AMEDDC&S, ATTN: MCCS-HCP, 3151 Scott Road, Fort Sam Houston, TX 78234; DSN 471-8958; john.arreguin@amedd.army.mil.

The subject matter expert responsible for the revision of this version of the subcourse was: MSG Karen K. Reynolds, MCCS-HCP, Pharmacy Branch, Department of Clinical Support Services.

ADMINISTRATION

Students who desire credit hours for this correspondence subcourse must meet eligibility requirements and must enroll through the Nonresident Instruction Branch of the U.S. Army Medical Department Center and School (AMEDDC&S).

Application for enrollment should be made at the Internet website: http://www.atrrs.army.mil. You can access the course catalog in the upper right corner. Enter School Code 555 for medical correspondence courses. Copy down the course number and title. To apply for enrollment, return to the main ATRRS screen and scroll down the right side for ATRRS Channels. Click on SELF DEVELOPMENT to open the application and then follow the on screen instructions.

In general, eligible personnel include enlisted personnel of all components of the U.S. Army who hold an AMEDD MOS or MOS 18D. Officer personnel, members of other branches of the Armed Forces, and civilian employees will be considered eligible based upon their AOC, NEC, AFSC or Job Series which will verify job relevance. Applicants who wish to be considered for a waiver should submit justification to the Nonresident Instruction Branch at e-mail address: accp@amedd.army.mil.

For comments or questions regarding enrollment, student records, or shipments, contact the Nonresident Instruction Branch at DSN 471-5877, commercial (210) 221-5877, toll-free 1-800-344-2380; fax: 210-221-4012 or DSN 471-4012, e-mail accp@amedd.army.mil, or write to:

NONRESIDENT INSTRUCTION BRANCH
AMEDDC&S
ATTN: MCCS-HSN
2105 11TH STREET SUITE 4191
FORT SAM HOUSTON TX 78234-5064
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INTRODUCTION

The prescription is a vital link between the physician and pharmacy personnel. The prescription states the drug and the dose of that drug the patient must receive. If the prescription is not properly interpreted, the patient could suffer injury or death. Therefore, it is necessary for you to understand the different parts of a prescription and the terminology associated with the prescription.

Prescription Interpretation is the first subcourse in the Pharmacy Specialist Program. The skills and knowledge you gain from reviewing/studying the material in this subcourse will serve you as you complete other subcourses and as you work on the job.

Subcourse Components:

This subcourse consists of 1 lesson and an examination. The lesson is:

Interpretation of a Prescription Form.

Credit Awarded:

Upon successful completion of this subcourse, you will be awarded 3 credit hours.

Lesson Materials Furnished:

Lesson materials provided include this booklet, an examination answer sheet, and an envelope. Answer sheets are not provided for individual lessons in this subcourse because you are to grade your own lessons. Exercises and solutions for all lessons are contained in this booklet. You must furnish a #2 pencil.

Procedures for Subcourse Completion:

You are encouraged to complete the subcourse section by section. When you have completed all of the sections to your satisfaction, fill out the examination answer sheet and mail it to the Academy along with the Student Comment Sheet in the envelope provided. Be sure that your social security number is on all correspondence sent to the Academy. You will be notified by return mail of the examination results. Your grade on the exam will be your rating for the subcourse.
Student Comment Sheet:

Be sure to provide us with your suggestions and criticisms by filling out the Student Comment Sheet (found at the back of this booklet) and returning it to us with your examination answer sheet. In this way, you will help us to improve the quality of this subcourse.
IMPORTANT NOTE:

THE DESIGN OF THE SUBCOURSE

This subcourse is composed of four parts. Part one consists of a pretest that gives you the opportunity to identify your specific learning needs in relation to prescription interpretation. Depending upon how you perform on the pretest, you can proceed to one of the three remaining parts of the subcourse. These parts are written in the programmed text format. Part two discusses the prescription blank (DD Form 1289) in detail. Part three presents the language of the prescription: pharmaceutical Latin. Part four provides you with the opportunity to practice your prescription interpretation skills.

Again, parts two, three, and four of this subcourse are written in programmed text format. This means that you will be expected to read some information and then answer a question that immediately follows that information. These questions may seem very easy to some of you because of your pharmacy experience. Remember, if you need to study/review an area, you should read the information section, answer the question under the section, and check your answer with the supplied answer. If you discover that you have made an error in answering a question, read the information preceding it again to locate the correct answer to the question. Then, go the next segment of information.
PRETEST

I. COMMENTS: We all want to use our time wisely. As you know, studying material you already know is not always exciting or helpful. That's the way it is with prescription interpretation. If you already know how to interpret a prescription, why spend your valuable time studying that area? This pretest is designed to help you to identify the topics (if any) you need to review/study before you go to the examination of this subcourse.

You will be the only person to know how you performed on this pretest. Your performance on the pretest will in no way be part of your score on the examination for this subcourse.

Do your best on the pretest. How well you perform on the pretest will determine how much of the subcourse you will need to study/review before you go to the final examination.

II. DIRECTIONS: Please follow the directions as closely as possible. The pay-off for you will be the wise use of your time.

STEP 1. Carefully read the directions for the pretest.

STEP 2. Get prepared to take the pretest. You will need a pencil or a pen, the pretest (pages 1-6), and a quiet place to take the pretest. (NOTE: Relax, a cup of coffee or a cool drink might help you get in a proper frame of mind.)

STEP 3. Complete the pretest. Carefully read the question and each possible response to that question. Circle the letter which corresponds to the answer you choose. Take as long as you need to complete the test. Remember: The pretest is designed to measure what you know, not how quickly you can answer the questions.

STEP 4. Review your work. Make sure you have circled the letters corresponding to the answers you selected.

STEP 5. Check your responses with the answer key (page 7) and mark each of your responses as either correct or incorrect.

STEP 6. Complete the Pretest Feedback Sheet. Read the instructions on that sheet to determine how to complete the form.

STEP 7. Follow the directions on the Pretest Feedback Sheet. You may be instructed to review/study all the subcourse or you may be told to go directly to certain parts of the subcourse in order to begin your study efforts.
PRETEST

1. From the forms below, select the approved one-item prescription form used at Army medical treatment facilities.
   a. DA Form 1289.
   b. DD Form 1289.
   c. DA Form 3849.
   d. DA Form 40-2.

In Questions 2 through 13, select the meaning of the presented Latin term or abbreviation.

2. b.i.d.
   a. Every 6 hours.
   b. Every 24 hours.
   c. Twice daily.
   d. Three times daily.

3. a.c.
   a. Before meals.
   b. After meals.
   c. Without food.
   d. Without sleep.

4. gr.
   a. Gram.
   b. Grain.
   c. Grated.
   d. Grease.

5. gtt.
   a. Grated.
   b. Drop.
   c. Grain.
   d. Gram.
6.  c
   a. With meals.
   b. And.
   c. With.
   d. Without.

7.  aa
   a. Before meals.
   b. Of each.
   c. Freely, at pleasure.
   d. After meals.

8.  cap
   a. Covering.
   b. Capsule.
   c. Dispense in a capped container.
   d. Protect from the atmosphere.

9.  h.s.
   a. At bedtime.
   b. Before meals.
   c. After meals.
   d. After the prescribed manner.

10. N.R.
    a. No rum (or other alcoholic beverage) is to be taken with the drug.
    b. No refills.
    c. No record is to be released.
    d. No food at bedtime.

11. O.D.
    a. Overdose.
    b. Right eye.
    c. Excessive dosage.
    d. One half.
12. q.i.d.
   a. Every four hours.
   b. Every three hours.
   c. Every other day.
   d. Four times a day.

13. ss
   a. Without.
   b. With.
   c. A sufficient quantity.
   d. One half.

In Questions 14 through 18, select the appropriate action verb to be used for the given dosage form.

14. Ointment (for application to the skin)
   a. Take.
   b. Instill.
   c. Insert.
   d. Apply.

15. Emulsion (Internal)
   a. Take.
   b. Instill.
   c. Insert.
   d. Apply.

16. A liquid eye preparation
   a. Take.
   b. Instill or place.
   c. Insert.
   d. Apply.
17. Suppository
   a. Insert.
   b. Instill.
   c. Take.
   d. Apply.

18. Tablet
   a. Take.
   b. Instill.
   c. Insert.
   d. Apply.

In Questions 19 through 23, a signa is shown which might appear on a prescription. From the list of choices immediately under the signa, select the best translation of the signa.

19. Tabs i p.o. q.i.d.
   a. Take 1 tablet by mouth three times a day.
   b. Take 1 tablet four times a day.
   c. Take 1 tablet as directed.
   d. Take 1 tablet every 8 hours.

20. i suppository in rectum q 4 h.
   a. Instill one suppository every four days.
   b. Insert one suppository in the rectum every four hours.
   c. Insert one suppository in the rectum four times daily.
   d. Insert one suppository in the rectum every eight hours.

21. gtt ii p.o. q.d.
   a. Instill two drops in the mouth four times daily.
   b. Take two drops by mouth four times daily.
   c. Take two drops by mouth every day.
   d. Take two drops by mouth every other day.

22. gtt iii O.D. g 3 h.
   a. Instill three drops in the right ear three times daily.
   b. Instill three drops in the left ear every three hours.
   c. Instill three drops in the right eye every three hours.
   d. Instill three drops in the eyes as directed.
23. 1 teaspoonful p.o. q.i.d. p.c. et h.s.
   
a. Take one teaspoonful every six hours before meals and at bedtime.
b. Take one teaspoonful four times daily by mouth at bedtime.
c. Take one teaspoonful four times daily after meals with juice.
d. Take one teaspoonful four times daily after meals and at bedtime.

In Questions 24 and 25, refer to their respective prescriptions in order to answer the questions.

24. Prescription 100101 is written for Mandelamine tablets.

Select the strength (amount of drug per tablet) of Mandelamine tablets which is to be used to fill this prescription.

   a. 1.0 milligrams.
   b. 100.0 milligrams.
   c. 1.0 gram.
   d. 100 grams.
25. The prescription below is written for Ornade™ capsules.

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>DD - NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1288</td>
<td></td>
</tr>
<tr>
<td>DOD PRESCRIPTION</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FOR (Full name, address &amp; phone number.)</th>
<th>17 under 12 years, give age.</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Jones (SFC - Retired)</td>
<td></td>
</tr>
<tr>
<td>1492 Sunset Lane</td>
<td></td>
</tr>
<tr>
<td>221-2521</td>
<td></td>
</tr>
<tr>
<td>San Antonio, TX 78216</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL FACILITY</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alamo Army Hosp</td>
<td>14 Apr 00</td>
</tr>
</tbody>
</table>

**Rx**

Ornade Caps

N.R.

MFR: SRJ EXP DATE: 12/00
LOT NO: 12164 FILLED BY: CBG

11125

Gene Griffith

**RX NUMBER**

**SIGNATURE**

**DR. DEGREE**

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

Select the number of Ornade™ capsules which are to be dispensed to John Jones.

a. 1 capsule.
b. 12 capsules.
c. 24 capsules.
d. No specific number of capsules to be dispensed is stated. Call the physician before filling the prescription.
PRETEST ANSWER SHEET

Following are the letters corresponding to the answers for the pretest you have just taken. Carefully check your pretest. Remember, each question on the pretest has a point value of 4.

1. b. DD Form 1289.
2. c. Twice daily.
3. a. Before meals.
4. b. Grain.
5. b. Drop.
6. c. With
7. b. Of each.
8. b. Capsule.
9. a. At bedtime.
10. b. No refills.
11. b. Right eye.
12. d. Four times a day.
13. d. One-half.
15. a. Take.
16. b. Instill or place.
17. a. Insert.
18. a. Take.
19. b. Take 1 tablet four times a day.
20. b. Insert one suppository in the rectum every four hours.
21. c. Take two drops by mouth every day.
22. c. Instill three drops in the right eye every three hours.
23. d. Take one teaspoonful four times daily after meals and at bedtime.
24. c. 1.0 gram.
25. c. 24 capsules.
PRETEST FEEDBACK SHEET

This Pretest Feedback Sheet is designed to give you information which will help you in your study/review efforts. You have just completed the pretest. By this time you should have also self-graded the pretest. Now place a check (✓) in the blank to the right of the pretest questions you incorrectly answered. Each question has a value of 4 points.

<table>
<thead>
<tr>
<th>TOPIC AREA</th>
<th>QUESTION NUMBER</th>
<th>SUBCOURSE PAGES TO REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Information</td>
<td>1</td>
<td>1-2--1-25</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
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<td>3</td>
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<td></td>
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<td></td>
<td>6</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>1-26--1-36</td>
</tr>
<tr>
<td>Latin Terms</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>and/or Abbreviations</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
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<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>1-37--1-57</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Signa Interpretations</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22</td>
<td></td>
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<td></td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Prescription</td>
<td>24</td>
<td>1-45--1-57</td>
</tr>
<tr>
<td>Interpretation</td>
<td>25</td>
<td></td>
</tr>
</tbody>
</table>

Determine the percentage score you have earned by subtracting 4 points for each question you incorrectly answered from 100. If you scored 96% or higher on the pretest, you can go directly to the final examination (unless, of course, you wish to review parts of the subcourse). If you scored less than 96% on the pretest, you should read/study the identified pages in the subcourse.
LESSON ASSIGNMENT

LESSON
Interpretation of a Prescription Form.

TEXT ASSIGNMENT
The programmed text.

TASKS TAUGHT
081-824-0001, Perform initial screening of a prescription.
081-824-0002, Fill a prescription for a non-controlled drug.
081-824-0003, Fill a prescription for a controlled drug.
081-824-0004, Fill a prescription to be compounded.
081-824-0005, Label a prescription.
081-824-0006, Refill a prescription.
081-824-0007, File a prescription.

LESSON OBJECTIVES
After completing this lesson, you should be able to:

1-1. Given several form numbers, select the number of the form used as the approved one-item prescription form at all Army medical treatment facilities.

1-2. Given several form numbers, select the number of the form used as the approved multiple-item prescription form at all Army medical treatment facilities.

1-3. Given a group of statements, select the statement which best describes the purpose of the metric line on DD Form 1289.

1-4. Given a Latin term or abbreviation which may appear on a prescription and a list of meanings, select the meaning of that term or abbreviation.

1-5. Given a signa from a prescription form and a group of statements, select the statement which is the best translation of that signa.

1-6. Given a completed one-item prescription form (DD Form 1289) and a list of alternative responses, select the following information: the name of the patient, the address of the patient, the name and or/strength of the prescribed medication, the amount of drug required to compound the product, the quantity of medication to be dispensed to the patient, the directions to the patient, refill information, and/or the name and rank of the prescriber.
LESSON

Section I. THE PRESCRIPTION FORM (ONE ITEM AND MULTIPLE-ITEM).

The One-Item Prescription (DD Form 1289)

**SAMPLE**

**DD (Rev. Nov 71) 1289**

**SAMPLE**

**DOD PRESCRIPTION**

---

FOR (Full name, address & phone number.)

(If under 12 years, give age.)

MEDICAL FACILITY

DATE

RX

Gm. or ml.

MFR:

EXP DATE:

LOT NO:

FILLED BY:

RX NUMBER

SIGNATURE, RANK AND DEGREE

---

SAMPLE EDITION OF 1 JAN 80 MAY BE USED

SAMPLE

DD Form 1289 (Department of Defense Prescription) is the approved one-item form used at Army medical treatment facilities.

Question: The approved one-item prescription form used at Army medical treatment facilities is DD Form ______.
**Answer:** The approved one-item prescription form used at Army medical treatment facilities is DD Form 1289.

There are eight major parts to each prescription. The first of these parts, Block 1, contains the information which identifies the patient. It will have the full name and address or telephone number of the patient. On prescriptions for children twelve years of age and under, AR 40-3 recommends that the child's age be written on the form.

**Question:** Patient information found in Block 1 above includes the patient's _________ and address or _________.

**Answer:** Patient information found in Block 1 above includes the patient's name and address or telephone number.

---

Prescription 1022 is to be dispensed to ____________________.

Prescription No. 1022 is to be dispensed to SFC John P. Taylor.

Prescription No. 1043 is to be dispensed to ____________________.

Prescription No. 1043 is to be dispensed to Mary Johnson.
The second part of the prescription form, Block 2, identifies the medical facility where the prescription was written. It may also contain the name of the clinic or department at that facility.

**Question:** Block 2 identifies the __________ where the prescription was written.
Answer: Block 2 identifies the medical facility where the prescription was written.

Prescription 1022 was written at ________ ________.

Prescription 1043 was written at ________ ________.

Prescription No. 1022 was written at Alamo Army Hospital.

Prescription No. 1043 was written at DeWitt Army Hospital.
Prescriptions shall be dated as of the day they are written. This information is found in Block 3.

Question: Block 3 tells what ________ the prescription was written.
**Answer:** Block 3 tells what date the prescription was written.

---

<table>
<thead>
<tr>
<th>Prescription</th>
<th>Written Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1022</td>
<td>6 March 2000</td>
</tr>
<tr>
<td>1043</td>
<td>3 April 2000</td>
</tr>
</tbody>
</table>
An important part of the prescription consists of one line, as shown in Block 4. This is the metric line. It serves as a decimal point when quantities or strengths are prescribed using the metric system. If the drug or chemical is a solid, the unit of weight specified by the metric line will be grams. If it is a liquid, the unit of measure will be milliliters.

**Question:** The metric line serves as a ___________ when quantities or strengths are prescribed using the metric system.
**Answer:** The metric line serves as a decimal point when quantities or strengths are prescribed using the metric system.

The prescription calls for _______ of a solid.

This prescription calls for 1.5 grams of a solid.

This prescription calls for _____ of a liquid.

This prescription calls for 4.8 milliliters of a liquid.
How much of each ingredient is called for in this prescription? (specify units)

Menthol crystals __________
Ethyl Alcohol __________
Distilled Water __________

Menthol crystals 10 grams (a solid)
Ethyl Alcohol 80 milliliters (a liquid)
Distilled Water q.s.a.d. 120 milliliters (a liquid)

How much of each ingredient is called for in this prescription? (specify units)

Sulfur __________
Zinc Oxide __________
Talc __________
Lotion Base __________

Sulfur 12 grams (a solid)
Zinc Oxide 12 grams (a solid)
Talc 12 grams (a solid)
Lotion Base q.s. 120 milliliters (a liquid)
The largest part of the prescription, Block 5, is divided into four sub-parts: the superscription, inscription, subscription, and the signa. Together they form the body of the prescription.

**Question:** The superscription, inscription, subscription, and signa are parts of the ____________ of the prescription.
**Answer:** The superscription, inscription, subscription, and signa are parts of the body of the prescription.

******************************************************************************

The superscription is simply the \( R_x \) symbol. This symbol represents *recipe* or *take thou*, informing pharmacy personnel to dispense the medication listed.

******************************************************************************

**Question:** The superscription (\( R_x \) symbol) represents _________ or __________.

---

MD0801 1-13
**Answer:** The superscription (Rx symbol) represents *recipe* or *take thou.*

******************************************************************************

The inscription lists the drug (or ingredient) name and strength.

******************************************************************************

**Question:** The inscription lists the drug name and ____________.
**Answer:** The inscription lists the drug name and strength.

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>DD 1289</th>
<th>SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The inscription of prescription 1022 calls for ____________.

```
The inscription of prescription 1022 calls for Aldomet tablets, 0.5 gram.
```

The inscription of prescription 1043 calls for _______________.

```
The inscription of prescription 1043 calls for Dimetapp Elixir.
```

The inscription of prescription 1043 calls for _______________.

```
The inscription of prescription 1043 calls for Dimetapp Elixir.
```
The subscription contains the instructions to pharmacy personnel. It tells what is to be done with the drug or ingredients, such as "make an emulsion" or "dispense a certain quantity." For any information not included on the prescription, the physician must be contacted.

Question: The subscription contains the instructions to ____________.
**Answer:** The subscription contains the instructions to **pharmacy personnel**.

******************************************************************************

The last sub-part of the body of the prescription is the **signa**. It contains the directions to the patient. It might tell the patient to “take two tablets daily” or “instill three drops in each ear at bedtime.” Very often, these written in pharmaceutical Latin words or abbreviations which pharmacy personnel must interpret for the patient.

A complete translated signa for a patient must have these five (5) components: action verb, quantity, dosage form, route of administration, and frequency.

******************************************************************************

**Question:** The signa contains directions to the ___________.

---

**SAMPLE**

**DD 1299**

**DO9 PRESCRIPTION**

**SAMPLE**

FOR (full name, address & phone number) (If under 12 years, give age)

MEDICAL FACILITY

DATE

Rx

Gen. or Ph.

Sig: 1 p.o. QID

**SAMPLE**

EITION OF 1 MAY SO BE USED. **SAMPLE**
**Answer:** The signa contains directions to the patient.

******************************************************************************

The signa of prescription 1022 is as follows: ___________________.

The signa of prescription 1022 is as follows: 1 QID. (This means "Take 1 tablet by mouth 4 times daily.")

******************************************************************************

The signa of prescription 1043 is as follows: ___________.

The signa of prescription 1043 is as follows: 1 tsp. TID. (This means "Take 1 teaspoonful by mouth 3 times daily.")

******************************************************************************
Block 6 contains the quality control information for the prescription. Block 6 provides a place for the drug’s manufacturer, lot number, and expiration date to be recorded. Also, it provides a place for the initials of the person who filled the prescription. AR 40-3 requires that the initials of the person who filled the prescription be written on the form. However, if a drug recall policy is in effect in the pharmacy, the drug’s manufacturer, lot number, and expiration date need not be written on the prescription form.

Question: In addition to completely identifying the manufacturer, lot number, and expiration date of the drug dispensed, Block 6 contains the initials of the _____________________________.

**************************************************************************
**Answer:** In addition to completely identifying the manufacturer, lot number, and expiration date of the drug dispensed, Block 6 contains the initials of the person who filled the prescription.

<table>
<thead>
<tr>
<th>Prescription 1022</th>
<th>Prescription 1043</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aldomet Tablets</strong></td>
<td><strong>Dimetapp Elixir</strong></td>
</tr>
<tr>
<td>Disp: 120</td>
<td>Disp: 4 ounces</td>
</tr>
<tr>
<td>Sig: ¼ p.o. QID</td>
<td>Sig: ¼ tsp p.o. QID</td>
</tr>
<tr>
<td>MSD</td>
<td>AH Robins</td>
</tr>
<tr>
<td>Lot number 1148 A</td>
<td>Lot number 1462</td>
</tr>
<tr>
<td>Expires 7/03</td>
<td>Expires 3/04</td>
</tr>
<tr>
<td>Initials CWT</td>
<td>Initials CWT</td>
</tr>
</tbody>
</table>

Prescription 1022 was for Aldomet, 0.5 gram, which was manufactured by MSD. It was lot number 1148 A, which expires 7/03. The initials of the person who filled it are CWT.

Prescription 1043 was for Dimetapp Elixir, which was manufactured by AH Robins. It was lot number 1462, which expires 3/04. The initials of the person who filled it are CWT.
Prior to filling, prescriptions will be numbered serially. Block 7 contains the prescription number.

**Question:** Prior to filling, prescriptions will be ________________.
**Answer:** Prior to filling, prescriptions will be numbered serially.

The last part of the prescription, Block 8, identifies the prescriber. It contains the signature, in ink, of the person who wrote the prescription. If the prescription is for a controlled substance such as a narcotic, the prescriber’s signature, branch of service, social security number, and name (stamped, typed, or hand printed) must appear in this block on the prescription form.

**NOTE:** Prescriptions written by nurse clinicians, graduate physician assistants, AMOSISTS, and physical therapists must have the following statement written on the form: "TO BE FILLED ONLY AT (name of local medical treatment facility) PHARMACY." Subcourse 810, Outpatient Dispensing, will discuss this point in detail.

**Question:** Block 8 identifies the ________________________________.
**Answer:** Block 8 identifies the prescriber.

Prescription 1022 was written by _______________.

Prescription 1022 was written by James Dean, CPT, MD.

Prescription 1043 was written by _______________.

Prescription 1043 was written by Charles Edwards, MAJ, MD.
The Multiple-Item Prescription Form (AF Form 781).

The AF Form 781 (Multiple-Item Prescription Form) is the approved form for use when the physician desires to prescribe more than one drug. Although the form is convenient to use in some cases, you should remember that a prescriber cannot write for a controlled substance and a non-controlled legend drug on the same prescription form. MD0810, Outpatient Dispensing, discusses this form's use.

Question: The multiple-item prescription form approved for use in Army medical treatment facilities is ________________________.
**Answer:** AF Form 781 (Multiple-Item Prescription Form).

*Continue with Section II*
### Section II. COMMON LATIN TERMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Term or Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>aa</td>
<td>of each</td>
</tr>
<tr>
<td>a</td>
<td>before</td>
</tr>
<tr>
<td>a.c.</td>
<td>before meals</td>
</tr>
<tr>
<td>ad lib.</td>
<td>freely, at pleasure</td>
</tr>
<tr>
<td>Aq. Dest.</td>
<td>purified water</td>
</tr>
<tr>
<td>Bis</td>
<td>twice</td>
</tr>
<tr>
<td>b.i.d.</td>
<td>two times a day</td>
</tr>
</tbody>
</table>

Questions:

___

aa means ________________

a.c. means ________________

ad lib. means ________________

b.i.d. means ________________

Answers:

___

aa means **of each**

a.c. means **before meals**

ad lib. means **freely, at pleasure**

b.i.d. means **two times a day**
<table>
<thead>
<tr>
<th>Term or Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>c</td>
<td>with</td>
</tr>
<tr>
<td>cap</td>
<td>capsule</td>
</tr>
<tr>
<td>d.t.d.</td>
<td>give of such doses</td>
</tr>
<tr>
<td>disp.</td>
<td>dispense</td>
</tr>
<tr>
<td>divid.</td>
<td>divide</td>
</tr>
<tr>
<td>et</td>
<td>and</td>
</tr>
<tr>
<td>ft.</td>
<td>make, let it be made</td>
</tr>
</tbody>
</table>

Questions:

- cap means _________________
- c means _________________
- d.t.d. means _________________
- et means _________________

Answers:

- cap means **capsule**
- c means **with**
- d.t.d. means **give of such doses**
- et means **and**
<table>
<thead>
<tr>
<th>Term or Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>ft. ung.</td>
<td>make an ointment</td>
</tr>
<tr>
<td>filt.</td>
<td>filter</td>
</tr>
<tr>
<td>gr.</td>
<td>grain</td>
</tr>
<tr>
<td>gtt</td>
<td>drop</td>
</tr>
<tr>
<td>h. (hor.)</td>
<td>hour</td>
</tr>
<tr>
<td>h.s. (hor. som.)</td>
<td>at bedtime, at the hour of sleep</td>
</tr>
<tr>
<td>inj.</td>
<td>injection</td>
</tr>
<tr>
<td>inter.</td>
<td>between</td>
</tr>
<tr>
<td>lotio</td>
<td>lotion</td>
</tr>
</tbody>
</table>

Questions:

ft. ung. means _________________________
gr. means ____________________________
gtt means ___________________________
h.s. (hor. som.) means _______________
inj. means ___________________________

Answers:

ft. ung. means make an ointment
gr. means grain
gtt means drop
h.s. (hor. som.) means at bedtime, at the hour of sleep
inj. means injection
<table>
<thead>
<tr>
<th>Term or Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.</td>
<td>mix</td>
</tr>
<tr>
<td>m. dict</td>
<td>as directed</td>
</tr>
<tr>
<td>N.R. (non rep.)</td>
<td>do not repeat, no refill</td>
</tr>
<tr>
<td>no.</td>
<td>number</td>
</tr>
<tr>
<td>0.</td>
<td>a pint</td>
</tr>
</tbody>
</table>

Questions:

M. means ___________________________

m. dict. means _______________________

N.R. (non rep.) means _________________

Answers:

M. means mix

m. dict. means as directed

N.R. (non rep.) means do not repeat, no refill
<table>
<thead>
<tr>
<th>Term or Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.D.</td>
<td>right eye</td>
</tr>
<tr>
<td>O.L.</td>
<td>left eye</td>
</tr>
<tr>
<td>O.S.</td>
<td>left eye</td>
</tr>
<tr>
<td>O.U.</td>
<td>both eyes</td>
</tr>
<tr>
<td>p.c. (post cib.)</td>
<td>after meals</td>
</tr>
<tr>
<td>per</td>
<td>through, by means of</td>
</tr>
<tr>
<td>p.o. (per os)</td>
<td>by mouth</td>
</tr>
<tr>
<td>p.r.n.</td>
<td>if needed, as needed</td>
</tr>
<tr>
<td>placebo</td>
<td>I will satisfy, nontherapeutic substitute</td>
</tr>
</tbody>
</table>

Questions:

O.D. means _________________
O.S. means _________________
O.U. means _________________
p.c. means _________________
p.o. means _________________
p.r.n. means _________________

Answers:

O.D. means right eye               p.c. means after meals
O.S. means left eye                p.o. means by mouth
O.U. means both eyes               p.r.n. means if needed, as needed
<table>
<thead>
<tr>
<th>Term or Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>q.</td>
<td>each, every</td>
</tr>
<tr>
<td>q.d.</td>
<td>every day, daily</td>
</tr>
<tr>
<td>q.o.d.</td>
<td>every other day</td>
</tr>
<tr>
<td>q.i.d.</td>
<td>four times a day</td>
</tr>
<tr>
<td>q.s.</td>
<td>a sufficient quantity</td>
</tr>
<tr>
<td>q.s.ad</td>
<td>a sufficient quantity up to</td>
</tr>
<tr>
<td>Rx</td>
<td>recipe, take thou</td>
</tr>
<tr>
<td>_s</td>
<td>without</td>
</tr>
<tr>
<td>sig.</td>
<td>write, label</td>
</tr>
</tbody>
</table>

Questions:

q. means _________________
q.d. means _________________
q.o.d. means _________________
q.i.d. means _________________
q.s. means _________________
q.s.ad means _________________
_ s means _________________

Answers:

q. means **every**
q.d. means **every day, daily**
q.o.d. means **every other day**
q.i.d. means **four times a day**
q.s. means **a sufficient quantity**
q.s. ad means **a sufficient quantity up to**
_s means **without**
<table>
<thead>
<tr>
<th>Term or Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>ss</td>
<td>one half</td>
</tr>
<tr>
<td>S.V.R.</td>
<td>alcohol (95% ethyl alcohol)</td>
</tr>
<tr>
<td>S.V.T.</td>
<td>diluted alcohol</td>
</tr>
<tr>
<td>stat</td>
<td>immediately, now</td>
</tr>
<tr>
<td>t.</td>
<td>three</td>
</tr>
<tr>
<td>t.i.d.</td>
<td>three times a day</td>
</tr>
<tr>
<td>ung.</td>
<td>ointment</td>
</tr>
<tr>
<td>ut dict. (u.d.)</td>
<td>as directed</td>
</tr>
</tbody>
</table>

Questions:

ss means ______________________
stat means _____________________
t.i.d. means _____________________
ung. means _____________________
ut dict. (u.d.) means ______________

Answers:

ss means one half
stat means immediately, now
t.i.d. means three times daily
ung. means ointment
ut dict. (u.d.) means as directed
<table>
<thead>
<tr>
<th>Term or Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>aa</td>
<td></td>
</tr>
<tr>
<td>ad lib</td>
<td></td>
</tr>
<tr>
<td>b.i.d.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>et</td>
<td></td>
</tr>
<tr>
<td>gr</td>
<td></td>
</tr>
<tr>
<td>gtt</td>
<td></td>
</tr>
<tr>
<td>h.s.</td>
<td></td>
</tr>
<tr>
<td>N.R. (non rep.)</td>
<td></td>
</tr>
<tr>
<td>O.D.</td>
<td></td>
</tr>
<tr>
<td>O.S.</td>
<td></td>
</tr>
<tr>
<td>O.U.</td>
<td></td>
</tr>
<tr>
<td>p.c.</td>
<td></td>
</tr>
<tr>
<td>p.o.</td>
<td></td>
</tr>
<tr>
<td>p.r.n.</td>
<td></td>
</tr>
<tr>
<td>q.s.</td>
<td></td>
</tr>
<tr>
<td>q.s.ad</td>
<td></td>
</tr>
<tr>
<td>q.i.d.</td>
<td></td>
</tr>
<tr>
<td>q.o.d.</td>
<td></td>
</tr>
<tr>
<td>s</td>
<td></td>
</tr>
<tr>
<td>ss</td>
<td></td>
</tr>
<tr>
<td>t.i.d.</td>
<td></td>
</tr>
<tr>
<td>ut dict. (u.d.)</td>
<td></td>
</tr>
</tbody>
</table>
## Answers to Check-up Questions

<table>
<thead>
<tr>
<th>Term or Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>aa</td>
<td>of each</td>
</tr>
<tr>
<td>ad lib.</td>
<td>freely, at pleasure</td>
</tr>
<tr>
<td>b.i.d.</td>
<td>two times a day</td>
</tr>
<tr>
<td>c</td>
<td>with</td>
</tr>
<tr>
<td>et</td>
<td>and</td>
</tr>
<tr>
<td>gr.</td>
<td>grain</td>
</tr>
<tr>
<td>gtt</td>
<td>drop</td>
</tr>
<tr>
<td>h.s.</td>
<td>at bedtime, at the hour of sleep</td>
</tr>
<tr>
<td>N.R. (non rep.)</td>
<td>do not repeat, no refill</td>
</tr>
<tr>
<td>O.D.</td>
<td>right eye</td>
</tr>
<tr>
<td>O.S.</td>
<td>left eye</td>
</tr>
<tr>
<td>O.U.</td>
<td>both eyes</td>
</tr>
<tr>
<td>p.c.</td>
<td>after meals</td>
</tr>
<tr>
<td>p.o.</td>
<td>by mouth</td>
</tr>
<tr>
<td>p.r.n.</td>
<td>if needed, as needed</td>
</tr>
<tr>
<td>q.s.</td>
<td>a sufficient quantity</td>
</tr>
<tr>
<td>q.s.ad</td>
<td>a sufficient quantity up to</td>
</tr>
<tr>
<td>q.i.d.</td>
<td>four times a day</td>
</tr>
<tr>
<td>q.o.d.</td>
<td>every other day</td>
</tr>
<tr>
<td>s</td>
<td>without</td>
</tr>
<tr>
<td>ss</td>
<td>one half</td>
</tr>
<tr>
<td>t.i.d.</td>
<td>three times a day</td>
</tr>
<tr>
<td>ut dict. (u.d.)</td>
<td>as directed</td>
</tr>
</tbody>
</table>
Exact translation of Latin terms and abbreviations is mandatory. However, to make directions completely clear to the patient, appropriate action verbs (e.g., take, apply, instill, etc.) must be included. The list of dosage forms and associated action verbs below will assist you in formulating clear, concise instructions to the patient.

<table>
<thead>
<tr>
<th>Dosage Form</th>
<th>Appropriate Action Verb</th>
</tr>
</thead>
<tbody>
<tr>
<td>tablet</td>
<td>take</td>
</tr>
<tr>
<td>tablet (vaginal)</td>
<td>insert</td>
</tr>
<tr>
<td>capsule</td>
<td>take</td>
</tr>
<tr>
<td>solution (internal)</td>
<td>take</td>
</tr>
<tr>
<td>solution (external)</td>
<td>apply</td>
</tr>
<tr>
<td>ointment</td>
<td>apply</td>
</tr>
<tr>
<td>ointment (vaginal)</td>
<td>insert</td>
</tr>
<tr>
<td>cream</td>
<td>apply</td>
</tr>
<tr>
<td>cream (vaginal)</td>
<td>insert</td>
</tr>
<tr>
<td>lotion</td>
<td>apply</td>
</tr>
<tr>
<td>suspension (internal)</td>
<td>take</td>
</tr>
<tr>
<td>suspension (external)</td>
<td>apply</td>
</tr>
<tr>
<td>suppository</td>
<td>insert</td>
</tr>
<tr>
<td>emulsion (internal)</td>
<td>take</td>
</tr>
<tr>
<td>emulsion (external)</td>
<td>apply</td>
</tr>
<tr>
<td>elixir</td>
<td>take</td>
</tr>
<tr>
<td>eye, ear or nose preparations</td>
<td>instill or place</td>
</tr>
</tbody>
</table>

A signa for a tablet preparation, when properly translated for a patient, should begin ________________.

A signa for an external suspension, when properly translated for a patient, should begin ________________.

A signa for a suppository, when properly translated for a patient, should begin ________________.
A signa for a tablet preparation, when properly translated for a patient, should begin **take**.

A signa for an external suspension, when properly translated for a patient, should begin **apply**.

A signa for a suppository, when properly translated for a patient, should begin **insert**.

*Continue with Exercises*
EXERCISES

**NOTE:** This series of exercises will take the form of a programmed text.

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>DD FORM</th>
<th>1289 DOD PRESCRIPTION</th>
<th>SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cassie Smith, Age 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dep / STC Charles Smith</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>654 Funston Place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Antonio, TX 255-4306</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICAL FACILITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alamo Army Hosp</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 April 2000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$R_c$

*Aspirin Tablets*

1 1/4 grain

#36

Sig: $\frac{1}{4}$ tabs p.o. q 4 hr

<table>
<thead>
<tr>
<th>MFGR:</th>
<th>EXP DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bayer</td>
<td>12/04</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOT NO:</th>
<th>FILLED BY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>347A</td>
<td>PNT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RX NUMBER</th>
<th>SIGNATURE</th>
<th>DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>111113</td>
<td>James Howard</td>
<td>MD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>EDITION OF 1 JAN 60 MAY BE USED.</th>
<th>SAMPLE</th>
</tr>
</thead>
</table>

Is this prescription for an adult? ___________ How do you know? ______________

_____________________________________________________________________

This signa is best translated to read: ____________________________________

_____________________________________________________________________
Prescription 111113

Is this prescription for an adult? No. How do you know? The prescriber specified the patient's age in the patient identification section.

This signa is best translated to read: Take 4 tablets by mouth every 4 hours.
Prescription 111114

This signa is best translated to read: **Take one-half teaspoonful by mouth every 6 hours as needed.**
Prescription 111115

This signa is best translated to read:  Take 1 teaspoonful by mouth 4 times daily.
This signa is best translated to read: Take 1 tablet by mouth 4 times daily for 10 days.

Codeine SO₄ (codeine sulfate) is a controlled substance. Has the prescriber been identified properly? __________________ Explain your answer.

_____________________________________________________________________

This signa is best translated to read: _____________________________________
Prescription 111117

Codeine SO₄ is a controlled substance. Has the prescriber been identified properly? Yes. Explain your answer. In addition to signature and branch of service, the physician’s printed name and Social Security Account Number on the prescription.

This signa is best translated to read: Take 1 tablet by mouth every 6 hours as needed for pain.

This signa is best translated to read: _______________________________________
_____________________________________________________________________
_____________________________________________________________________

This signa is best translated to read: _______________________________________
_____________________________________________________________________

_____________________________________________________________________

MD0801                     1-42
Prescription 111118

This signa is best translated to read: **Use as directed.**

The strength of the Thorazine tablets is: ________________________________.

This signa is best translated to read: _____________________________________

_____________________________________________________________________

----------------------------------
Prescription 111119

The strength of the Thorazine tablets is 0.025 gram.

This signa is best translated to read: Take 1 tablet by mouth every 6 hours.

This signa is best translated to read: _______________________________________
_____________________________________________________________________

This signa is best translated to read: _______________________________________
_____________________________________________________________________

MD0801
Prescription 111120

This signa is best translated to read: Take one-half teaspoonful by mouth 4 times daily for ten days.

The subscription of this prescription tells you to: _______________________
_____________________________________________________________________
_____________________________________________________________________

This signa is best translated to read: ____________________________________
_____________________________________________________________________

The subscription of this prescription tells you to: ____________________________
_____________________________________________________________________

This signa is best translated to read: ________________________________
Prescription 111121

The subscription of this prescription tells you to: make an emulsion.

This signa is best translated to read: Apply 4 times daily as needed.

The subscription of this prescription tells you to: _________________________

_____________________________________________________________________

This signa is best translated to read: _____________________________________

_____________________________________________________________________

MD0801  1-46
Prescription 111122

The subscription of this prescription tells you to: Make an ointment.

This signa is best translated to read: Apply at bedtime as needed.

<table>
<thead>
<tr>
<th>MEDICAL FACILITY</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alamo Army Hosp</td>
<td>28 Apr 00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rx</th>
<th>Gm. or ml.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benadryl Elixir</td>
<td>12.5 mg/5 ml</td>
</tr>
<tr>
<td>4 ounces</td>
<td></td>
</tr>
</tbody>
</table>

Sig: \(\frac{1}{4}\) Teaspoonful p.o. q.i.d.

To Be Filled only at Alamo Army Hospital Pharmacy.

This signa is best translated to read: ___________________________________
This signa is best translated to read: Take 1 teaspoonful by mouth 4 times daily.
Prescription 111124

This signa is best translated to read: Take 1 capsule by mouth 4 times daily.

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>DD FORM</th>
<th>1289 DOD PRESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSG Carl Hellmich</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co B, 3rd BN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>221-6304</td>
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<td>MEDICAL FACILITY</td>
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<td>Alamo Army Hosp</td>
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<td>MFGR: S.K.&amp;F</td>
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<td>LOT NO: AC304</td>
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<td>FILLED BY: CWT</td>
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<td>111125</td>
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<tr>
<td>Alex Robinson</td>
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<td>LTC M.D.</td>
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</table>

This signa is best translated to read: ________________________________
Prescription 111125

This signa is best translated to read: 
Take 1 capsule by mouth every 12 hours.

The strength of the aspirin tablets dispensed is: _______________________.

This signa is best translated to read: ____________________________________
The strength of the aspirin tablets dispensed is 0.325 gram.
This signa is best translated to read: Take 2 tablets by mouth every 4 hours.

The oxytetracycline capsules dispensed to this patient were manufactured by
__________________ and expire ____________.
This signa is best translated to read: ____________________________
Prescription 111127

The oxytetracycline capsules dispensed to this patient were manufactured by Purepac and expire 3/01.

This signa is best translated to read: Take 1 capsule by mouth 4 times daily.

The initials of the person who filled this prescription are _____________.

This signa is best translated to read: ___________________________________
Prescription 111128

The initials of the person who filled this prescription are CWT.

This signa is best translated to read: *Take 4 tablets by mouth initially, then take 2 tablets by mouth 4 times daily until all are taken.*

The strength of the Mandelamine tablets is _____________________________.

This signa is best translated to read: ______________________________________________________
The strength of the Mandelamine tablets is 1.0 gram.

This signa is best translated to read: Take 1 tablet by mouth three times a day.

May this prescription be refilled? _______  Why/why not? ______________

_____________________________________________________________________

This signa is best translated to read: ___________________________________
Prescription 111130

May this prescription be refilled? No. Why/why not? The prescriber indicated N.R., which means do not repeat or no refill.

This signa is best translated to read: Take 1 tablet by mouth three times day.

This prescription was written at: ________________________________.

This signa is best translated to read: ___________________________________
Prescription 111131

This prescription was written at Alamo Army Hospital.

This signa is best translated to read: Take 1 capsule by mouth three times daily.

This prescription was issued to: ________________________________.

This signa is best translated to read: ___________________________________

_________________________________________
Prescription 111132

This prescription was issued to Mrs. E. H. Chase.

This signa is best translated to read: Apply two times a day to the affected area.
Your comments about this subcourse are valuable and aid the writers in refining the subcourse and making it more usable. Please enter your comments in the space provided. ENCLOSE THIS FORM (OR A COPY) WITH YOUR ANSWER SHEET ONLY IF YOU HAVE COMMENTS ABOUT THIS SUBCOURSE.

FOR A WRITTEN REPLY, WRITE A SEPARATE LETTER AND INCLUDE SOCIAL SECURITY NUMBER, RETURN ADDRESS (and e-mail address, if possible), SUBCOURSE NUMBER AND EDITION, AND PARAGRAPH/EXERCISE/EXAMINATION ITEM NUMBER.

PLEASE COMPLETE THE FOLLOWING ITEMS:
(Use the reverse side of this sheet, if necessary.)

1. List any terms that were not defined properly.

2. List any errors.
   paragraph  error  correction

3. List any suggestions you have to improve this subcourse.

4. Student Information (optional)
   Name/Rank __________________________
   SSN ________________________________
   Address ____________________________
   E-mail Address _______________________
   Telephone number (DSN) ______________
   MOS/AOC __________________________

PRIVACY ACT STATEMENT (AUTHORITY: 10USC3012(B) AND (G))

PURPOSE: To provide Army Correspondence Course Program students a means to submit inquiries and comments.

USES: To locate and make necessary change to student records.

DISCLOSURE: VOLUNTARY. Failure to submit SSN will prevent subcourse authors at service school from accessing student records and responding to inquiries requiring such follow-ups.

U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL  Fort Sam Houston, Texas  78234-6130