PRN

Pharmacist Recovery Network
5530 W Emerald St.
Boise, ID 83706

Office: (208) 323-9555
Fax: (208) 323-9222

YEARLY UPDATED PRESCRIPTION DRUG LIST

This form is to be filled out by any practitioner who is prescribing you medications.
The Completed form must be mailed/faxed by the practitioner's office.

_____

(Printed Participant's Name)

Prescription Date	Type of Medication	Quantity and Dosage Prescribed/Number of Refills	Reason for Medication

I have been informed that this patient is involved in a monitoring program. I understand that his/her drug(s) of choice is/are: _____

And/or

I have been informed that this patient is involved in a monitoring program. I understand that he/she has a mental health diagnosis of: _____

_____ _____
Practitioner's Name (Please print) Practitioner's Signature

_____ _____
Practitioner's Phone Number Date

_____
Practitioner's Address