Verification of Prescriptions:

Instructions: Please read the following prescriptions and determine any errors in each one. Use the medical abbreviations sheet to accurately interpret the information. Write your findings below each prescription.

DEA# GB0000000 LIC. # ME 0000000

Jack Beanstalk, M.D.
Fee-Fi-Fum Society
188 Market Drive
Magic Beans, GA 30506
1-800-44GIANT * FAX 1-800-44BEANS

Name ______ Age ______

Address ______ Date ______

℞

______
(Signature)

☐ Label
Refill 0 1 2 3 4 5 PRN

DRS -NAT PRESC T
1-866-696-0800

DEA# GB0000000 LIC. # ME 0000000

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Fee-Fi-Fum Society
188 Market Drive
Magic Beans, GA 30506
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Address ______ Date ______

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(Signature)

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