

Complete this report whenever there is an incident involving a prescription error. This report should be completed for incorrect drug, wrong strength, wrong directions or other incidents related to alleged pharmacy prescription errors.

Always treat the customer courteously and with respect, never make accusations and never become argumentative. Courteous attention and capturing key information about the incident are important in ensuring a fair resolution of any claim that may result.

- Determine if an injury occurred. If the injury is serious, or if the person requests it, call 911
- Get their name, phone number, address
- Do not admit liability or fault
- Get the names and phone numbers of any witnesses
- Call Pharmacists Mutual at **800-247-5930** the same day the incident occurs or is reported to you

POLICYHOLDER NAME	
CONTACT NAME	CONTACT POSITION/TITLE
DATE OF INCIDENT:	TIME OF INCIDENT:
NAME OF PERSON SUBMITTING THE CLAIM:	
ADDRESS OR ADDITIONAL CONTACT INFORMATION:	PHONE NUMBER:
DRUG(S) PRESCRIBED	
DRUG(S) PRESCRIBED	DRUG(S) DISPENSED
WAS THE PRESCRIBING PRACTITIONER CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF LICENSED PROFESSIONAL(S) INVOLVED:	
NAME OF LICENSED PROFESSIONAL(S) INVOLVED:	REG #(S):
DESCRIBE THE INCIDENT:	
<i>Describe what happened in your own words. Note statements made at the time of the incident by the person involved.</i>	

Report Completed by: _____

Date: _____