

Issuing a Valid Prescription

Prescribers and pharmacists have a common goal – to ensure that patients receive their medications as quickly and accurately as possible. This guidance helps you meet that goal by outlining what the law requires of a prescription, as well as offering best practices to avoid confusion, improve patient compliance and reduce errors.



Anatomy of an ideal prescription

The written prescription below complies with the NC Board of Pharmacy's prescription requirements.

1 Issue date

All prescriptions must be dated the day they are issued. Federal law permits the prescriber to add a “do not fill until” date to a prescription for a Schedule II controlled substance, up to a total 90-day supply dependent on good medical practice (e.g. three one-month prescriptions may be issued at a single visit).

12 Patient's full legal name and address

Note: Items in *blue italics* indicate handwritten prescription elements

Karen V. Smith, M.D. Robert G. Jones, D.O. Paula T. Bills, PA-C

123 Main Street
Chapel Hill, North Carolina 27514
919-555-2627

11 Signature/Permissions

Prescriber must include a legal signature and indicate whether generic substitution is allowed by signing either the “Product Selection Permitted” or “Dispense as Written” line.

To facilitate accurate prescriber identification for multi-provider practices, indicate prescriber by circling name on prescription.

10 DEA Number (for controlled substances only)

DEA recommends prescribers add their DEA numbers manually rather than pre-printing on prescription blanks to reduce the chance of fraud.

9 National Provider Identifier (NPI)

- Not required by law, but a best practice.
- Facilitates insurance filing for your patient, allowing speedier access to needed medication therapy.

2 Prescriber's full name(s), professional title, address and telephone number to facilitate questions from pharmacists or patients

3 Drug name, strength, and dosage form

Avoid abbreviations or other jargon.

4 Specific directions for use

Avoid vague directions such as “use as directed,” which can lead to medication errors, patient confusion and poor patient adherence.

5 Exact quantity of the drug prescribed

6 Days Supply

- Not required by law, but a best practice.
- Supports patient education and medication adherence.
- Provides clarity regarding compliance with the NC STOP Act and expedites the insurance authorization process.
- Patient consent is NOT required to disclose PHI to another health care provider – including a pharmacy – for treatment purposes.

7 Diagnosis or Indication

- Not required by law, but a best practice.
- Supports patient education and medication adherence.
- Provides clarity regarding compliance with the NC STOP Act and expedites the insurance authorization process.
- Patient consent is NOT required to disclose PHI to another health care provider – including a pharmacy – for treatment purposes.

8 Number of refills

Schedule III and IV prescriptions may be refilled no more than five times within six months of the date the prescription issued. See #1 for guidance on writing multiple months of Schedule II medications.



A collaboration of the North Carolina Board of Pharmacy and the North Carolina Medical Board. To learn more on prescribing visit NCBOP's FAQ section: www.ncbop.org/faqs/Pharmacist/faq_pharmacistsHome.htm. To learn more about the NC STOP Act, visit: www.ncmedboard.org/stop-act.