

"It is no small matter that upon your skill and knowledge a life may depend"

Volume 2, Issue 11
MAY 2008

The Independent Voice

Mercer University Wins Political Advocacy Challenge



Anaheim at last year's NCPA Annual Convention and some chapters delivered with amazing

Inside this issue:

NCPA's Virtual

Would you like an NCPA Representative to visit your school? Contact Jackie Lopez (jackie.lopez@ncpanet.org) today to schedule a visit!

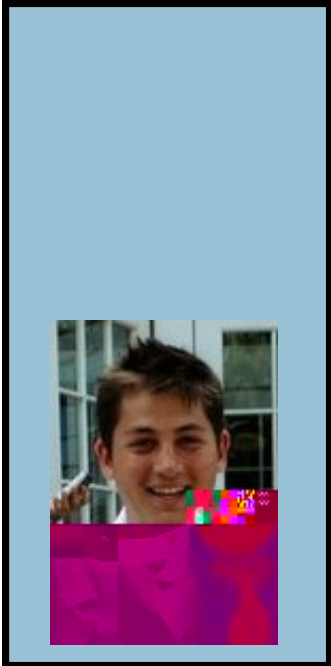
Congratulations to both teams! If your chapter didn't participate. Take the opportunity

□

Virtual Mentorship Allow for Opportunity

□

dents like you! If you don't see your question there or if you want more information,



Important Dates:

**Tamper-Resistant Prescriptions:
What Pharmacy Students Need to Know!**

Workshop (O'Hare

2

Format Inc., etc...) for tamper

"security prescription" written on back

Reminders:

A sample tamper-resistant prescription form from Physicians Medical Group, A. Bill Coleman, M.D. The form includes fields for Patient Name, Address, Phone No., Age, and Gender. It also features a section for Initial Quantity (checkboxes for 1-24, 25-49, 60-74, 75-100, 101-150, 151 & over) and a section for Refill Quantity (checkbox for No Refills, or # of Refills: _____). A "DO NOT SUBSTITUTE" checkbox is present. The form includes a warning at the top: "THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER." and a watermark at the bottom: "THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW." Annotations in red text point to various security features: "Warning Bands - Top & Bottom with security features." (top), "Consecutive Numbering" (top right), "Void Pantograph with chemical protection" (right side), "Thermo-chromic ink" (left side, pointing to the Rx symbol), and "Microprinting" (bottom center).

Warning Bands - Top & Bottom with security features.

Consecutive Numbering

Void Pantograph with chemical protection

Thermo-chromic ink

Microprinting

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER.

PHYSICIANS MEDICAL GROUP
A. Bill Coleman, M.D.
Patient Name

Address Phone No. () Age Gender

Rx

INITIAL QUANTITY
 1 - 24
 25 - 49
 60 - 74
 75 - 100
 101 - 150
 151 & over

No Refills
or
of Refills: _____
REFILL QUANTITY: _____

DO NOT SUBSTITUTE

Prescription is void if more than one controlled substance prescription is written per blank.

A. Bill Coleman, MD
(xxx) xxx-xxxx
12345 First Street
Anytown, XX xxxxx
DEA No. XX 0000000 CA Lic. No. X-00000 X DATE _____

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW.