

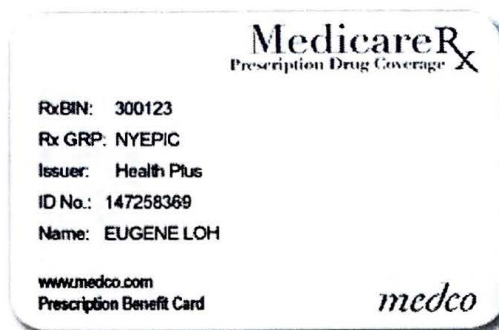
NOTES



Foundations of Drop-off: Learner's Guide

Third Party Plans and Cards, Continued

Activity/Discussion #8, Continued



Type of Plan

Cardholder ID

Group #

Person Code

BIN or PCN

Notes

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Type of Plan

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## NOTES



## Foundations of Drop-off: Learner's Guide

### Third Party Plans and Cards, Continued

### Activity/Discussion #8, Continued

**Workers' Comp Information Form**

CVS/pharmacy Worker's Comp Care is designed to help you get your prescriptions ready when promised.

Please fill out this form and give it to your CVS pharmacist along with your workers' compensation prescription.

**Patient Information - Required**

Injury Date 10-21-09

Injury Description (e.g. right hand, lower back)  
Broken ankle (left)

Last Name Johnson

First Name Ryan

Middle Name or Initial S.

DOB 03-21-77 Sex M F

Address 250 West Andrews St.

City Westlake State VT Zip 05602

Phone 333-555-4651

**Employer Information - Required**

Company Name Montpelier Steel

Supervisor Al Shaw

Address 48 Intervale Road

City Westlake State VT Zip 05602

Phone 333-555-8249

Pharmacist: Please input information into the pharmacy system and transmit to Third Party Solutions, condoor code 1427. For questions or issues, please call the Third Party Solutions Help Desk at 1-800-541-5234.

050519X500 Item# 307311 Field#

**CVS pharmacy** **WORKERS' COMP CARE**

Type of Plan  
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## NOTES



## Advanced Drop-off: Learner's Guide

### Interpreting Prescriptions, continued

#### Activity/Discussion #6, continued

8. 1 supp pr prn nausea <i>loper rectal</i>	
9. 1 to 2 gtts os BID-TID x 7d	
10. 1 tab q8H w/food	
11. 1 cap qid, pc & hs	
12. 1 tab po q 6 to 8h prn pain	
13. 2 tabs stat, 1 q 4 to 6h	

## NOTES



## Advanced Drop-off: Learner's Guide

### Interpreting Prescriptions, continued

#### Activity/Discussion #6



**Duration:** 10 minutes

**Description:** Practice translating prescription directions based on recently acquired knowledge.

**Instructions:** To check your understanding of frequency abbreviations and SIG codes, interpret the following directions and write your answers in the space provided.

1. 1 to 2 puffs QID	
2. 1 tablet qod for blood pressure	
3. 1 tablespoonful BID for 10 days	
4. 3 gtts as QID x 5d	
5. 2 caps stat, 1 BID prn	
6. 1 Tbsp TID for 10 days	
7. $\sim\sim$ tsp TID x 10d	

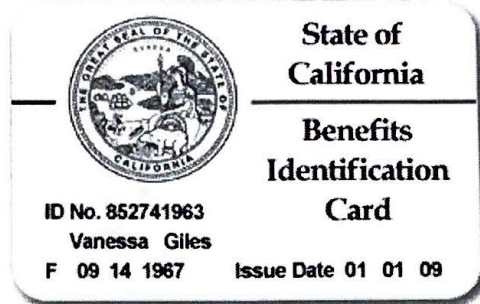




Foundations of Drop-off: Learner's Guide

Third Party Plans and Cards, Continued

Activity/Discussion #8, Continued



Type of Plan  
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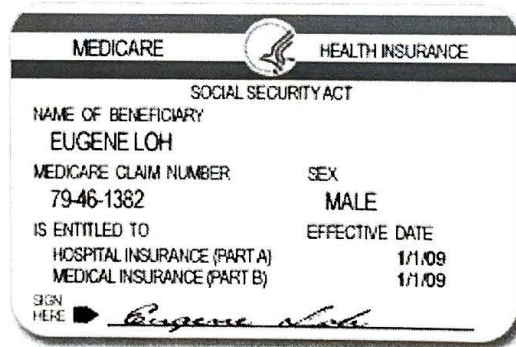
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