Accuracy checking prescriptions

- [ ] 1. **Name** of patient
- [ ] 2. Patient **address**
- [ ] 3. **Age** of patient
- [ ] 4. **Date of birth** if under 12
- [ ] 5. **Name** of prescriber
- [ ] 6. **Address** of prescriber
- [ ] 7. Prescriber **signature**
- [ ] 8. Valid **date**
- [ ] 9. Written in **indelible ink**
- [ ] 10. **Full name** of medication
- [ ] 11. **Form** of medication
- [ ] 12. **Strength** of medication
- [ ] 13. **Dose** of medication
- [ ] 14. **Frequency** of medication
- [ ] 15. **Duration** of medication
- [ ] 16. **Quantity** supplied

osce toolbox