



Error Reporting Form - Correctional Facility

Diamond Pharmacy Services

When an error occurs, please complete this form and fax along with a copy of the original order and front and back of the package (if applicable) to Diamond at 877-357-1484. Then attach this paper to the individual prescription listed below and return to Diamond Pharmacy. Multiple prescriptions may be included in one shipment, if applicable. Please note that failure to attach this paper to the listed prescription may result in no credit for the listed item. A copy of this form should be maintained for your records. **Please contact your Diamond representative for corrective action. **This form is for error reporting purposes only****

Today's Date _____ Name of Individual Completing this Form _____

Facility Name _____ Facility Code _____

Patient Name _____ RX # _____

Medication _____ Order Date _____

REQUIRED QUESTIONS - PLEASE ANSWER

- | | | |
|--|------------------------------|-----------------------------|
| 1. Was incorrect medication/dose taken? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Was therapy missed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Was MD notified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Was intervention to preclude harm or extra monitoring required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Was any harm caused? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe _____

INPUT/LABEL ERROR

- ☐ Incorrect medication
- ☐ Incorrect strength
- ☐ Incorrect dose
- ☐ Incorrect patient name/ID
- ☐ Incorrect directions
- ☐ Incorrect facility
- ☐ Incorrect quantity
- ☐ Incorrect MD
- ☐ Incorrect # of refills
- ☐ Incorrect route
- ☐ Incorrect discontinue date
- ☐ Incorrect packaging type (card/vial)
- ☐ Sent profile only medication
- ☐ Incorrect # of labels
- ☐ Incorrect override
- ☐ Order not processed (not on delivery sheet)
- ☐ Other _____

DISPENSING/PACKAGING ERROR

- ☐ Incorrect medication
- ☐ Incorrect strength
- ☐ Incorrect route
- ☐ Packed incorrectly
- ☐ Incorrect quantity
- ☐ Duplicate card
- ☐ Incorrect packaging type (card/vial)
- ☐ Expired medication
- ☐ Short dated stock medication
- ☐ Other _____

SHIPPING ERROR

Was item listed on delivery sheet?

- ☐ Yes ☐ No
- ☐ Did not receive
- ☐ Incorrect facility
- ☐ Incomplete order sent
- ☐ Other _____

IV ERROR

(EXPLAIN) _____

Additional Comments _____

Signature of Person Returning _____

Date of Return _____