



# UNIVERSITY OF IOWA HOSPITALS & CLINICS

## University of Iowa Health Care

# PLAIN PAPER PRESCRIPTION FAQs

## BACKGROUND

Plain paper prescriptions are currently utilized by all off-site clinical areas outside of 200 Hawkins Drive, while main campus locations continue to utilize pre-printed prescription paper. With the upcoming 1/1/20 mandate by the Iowa Board of Pharmacy to e-prescribe all eligible prescriptions, the total amount of printed prescriptions has decreased sharply in all areas of the enterprise. Furthermore, due to changes for the Epic Upgrade, all prescriptions must transition to the plain paper format to ensure all necessary components are incorporated in the prescription.

## WHAT IS CHANGING?

Prescriptions will no longer print on pre-printed prescription paper (provided by pharmacy). There will no longer be a copy of the prescription printed, as these copies are no longer utilized by internal pharmacies. All other prescription information, including an electronic signature, will remain the same. Controlled substance prescriptions must continue to be signed if they are not electronically prescribed.

## CURRENT FORMAT

Note: This prescription document has been electronically signed.

The Iowa Board of Pharmacy Examiners has approved the use of an electronic signature on this prescription. On the signature line of the prescription, the words "Electronically Signed by" followed by the physician name in typewritten letters indicate an electronic signature.

Please direct questions regarding electronic signatures to the University of Iowa Hospitals and Clinics, Ambulatory Care Pharmacy Manager at (319) 356-2577 or fax questions to (319) 353-8443.

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|--|--|
| <b>VOID ONLY IF ON CHAIN PATIENT WATERMARK STOCK. IF NEEDED, CALL 319-356-2577 TO VERIFY AUTHENTICITY.</b>   |  |
| <b>FOR PHARMACY USE ONLY</b>   |  |
| DATE PRINTED: Nov 3, 2014  | Beacon Test  |
| PHYSICIAN NAME: Beacon Test  |  |
| ADDRESS: 07865888 Birthdate: 06/19/1969  | 465136   |
| UNIVERSITY OF IOWA<br>HOSPITALS AND CLINICS<br>200 HAWKINS DR<br>IOWA CITY IA 52242  |  |
| ATTENTION PHARMACIST: SEE REVERSE SIDE BEFORE FILLING  |  |
| DRUG NAME / LINKA or Specialty: Drug: ibuprofen 800 mg tablet<br>Dispense 30 (Thirty) Tab  | OTO GEN<br>319-356-2201  |
| SIG: Take 1 Tab by mouth every 8 hours as needed   | <input type="checkbox"/> RETURN FILLED PRESCRIPTIONS TO AREA<br><input type="checkbox"/> PATIENT WILL CALL AT PHARMACY |
| NPI: 465136  | DATE / TIME NEEDED:  |
| Do not fill before: Nov 3, 2014  |  |
| Rx is void if more than one (1) Rx on paper  |  |
| Refill: 11** times   | NUMBER OF R/V:   |
| SIGNATURE: Electronically Signed by  |  |
| <small>Security features on this document include watermark, micro-printing, uniform non-white background, not valid if more than one prescription per sheet, refills surrounded by asterisks, chemically reactive paper, visible fibers, UV fibers not visible in normal light. Hold up to light to verify chain pattern watermark.</small> |  |
| <b>VOID ONLY IF ON CHAIN PATIENT WATERMARK STOCK. IF NEEDED, CALL 319-356-2577 TO VERIFY AUTHENTICITY.</b>   |  |
| <b>FOR PHARMACY USE ONLY</b>   |  |
| DATE PRINTED: Nov 3, 2014  | Beacon Test  |
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| UNIVERSITY OF IOWA<br>HOSPITALS AND CLINICS<br>200 HAWKINS DR<br>IOWA CITY IA 52242  |  |
| ATTENTION PHARMACIST: See reverse side for details   |  |
| DRUG NAME / LINKA or Specialty: Drug: ibuprofen 800 mg tablet<br>Dispense 30 (Thirty) Tab  | OTO GEN<br>319-356-2201  |
| SIG: Take 1 Tab by mouth every 8 hours as needed   | <input type="checkbox"/> RETURN FILLED PRESCRIPTIONS TO AREA<br><input type="checkbox"/> PATIENT WILL CALL AT PHARMACY |
| NPI: 465136  | DATE / TIME NEEDED:  |
| Do not fill before: Nov 3, 2014  |  |
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| Refill: 11** times   | NUMBER OF R/V:   |
| SIGNATURE: Electronically Signed by  |  |
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## FUTURE FORMAT



IRL - Internal Medicine  
105 East 9th Street  
Coraville IA 52241-2209  
Phone: 319-467-2000  
Fax: 319-467-2512

Connor Test  
MIRN: 00000638  
DOB: 04/30/1980 Sex: M  
1818 Wrestling Lane  
IOWA CITY IA 52242

Written on: Nov 26, 2019

**RX** azithromycin 250 mg tablet

Sig: Take 2 tablets by mouth once daily on day 1 and then 1 tablet daily on days 2-5.  
Diagnosis: Acute non-recurrent sinusitis, unspecified location (J01.90)

Qty: \*\*6 (Six) tablet\*\*  
Start taking on: Nov 26, 2019

Refill: \*\*0 (Zero)\*\* times

Electronically signed by: \_\_\_\_\_

Security No. 137643

Security Features: (\*) bordered and spelled quantities, microprint signature line visible at 5x or > magnification that must show "THIS IS AN ORIGINAL PRESCRIPTION", security number and this description of features.

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## WHAT ARE THE SECURITY FEATURES?

Plain paper prescriptions include a microprint line under the signature line that shows "THIS IS AN ORIGINAL PRESCRIPTION" which cannot be photocopied without obscuring the text. They also include asterisks around the prescribed quantity, a security number which can be validated in Epic, and a description of the security features for verification by the pharmacy.

## WHEN WILL THIS CHANGE OCCUR?

All areas will transition to the plain paper prescription format by the end of the calendar year and will occur on a rolling basis. Please contact your unit leadership regarding the specific timeline for your area.