

Labeling Template for Donated Medications

Purpose: Labels are a tool to help patients remember medication directions and reduce medication errors. It is strongly recommended that providers utilize labels when dispensing medications directly to patients. The attached label template meets the requirements of the Iowa Administrative Code 653.13.1 <https://www.legis.iowa.gov/docs/iac/rule/09-22-2010.653.13.1.pdf>. This template is not required to be used with donated medications but is simply offered for clinics who may not have a labeling procedure in place.

To view more ways to reduce medication errors in your clinic see, <http://www.nccmerp.org/recommendations-avoiding-medication-errors-drug-samples>.

Instructions for Use:

1. Filling out the label:
 - a. Click near each space and start typing to fill out the appropriate information, OR
 - b. Print the template and fill in the appropriate information by hand
2. Printing the template:
 - a. These labels were created using the **Avery Template 5163 Shipping Labels** but may be printed on most standard 2" x 4" shipping label paper.
 - b. You may also print on standard printer paper and cut out the label to be taped to the medication bubble pack or bottle.

Example of Completed Label:

CLINIC/PHARMACY NAME ADDRESS PHONE NUMBER	The Best Example Clinic 0000 Example Street, Grimes, IA 50111 (000) 000-0000
RX # 1010450	DATE 07/28/2022
PATIENT NAME Example Example	WARNINGS & PRECAUTIONS May cause drowsiness Take with or without food If you are pregnant, plan to become pregnant, or are breast-feeding, talk with your doctor
DIRECTIONS Take 1 tablet by mouth twice daily for anxiety	
DRUG NAME AND STRENGTH Buspirone 15mg tablet	
PRESCRIBER Example Example	QTY 60

Disclaimer: This template was created to be a guiding tool for locations that are distributing SafeNetRx medications to patients. By using this template, the SafeNetRx partner understands that they are responsible to seek their own legal advice prior to adopting any policies and procedures relating to labeling of donated prescription medication. SafeNetRx is not responsible for malpractice, patient injury, or diversion after shipment from their facility. It is the pharmacy/ medical facility's responsibility to understand prescription medication policy and law. It is also the facility's responsibility to understand SafeNetRx's Program Rules, which can be found at <https://safenetrx.org/drug-donation-repository>. This template was first drafted in 7/2022 and may be out of date.

CLINIC/PHARMACY NAME

ADDRESS

PHONE NUMBER

RX # _____ **DATE** _____

PATIENT NAME

DIRECTIONS

DRUG NAME AND STRENGTH

PRESCRIBER _____ **QTY** _____

WARNINGS & PRECAUTIONS

CLINIC/PHARMACY NAME

ADDRESS

PHONE NUMBER

RX # _____ **DATE** _____

PATIENT NAME

DIRECTIONS

DRUG NAME AND STRENGTH

PRESCRIBER _____ **QTY** _____

WARNINGS & PRECAUTIONS

CLINIC/PHARMACY NAME

ADDRESS

PHONE NUMBER

RX # _____ **DATE** _____

PATIENT NAME

DIRECTIONS

DRUG NAME AND STRENGTH

PRESCRIBER _____ **QTY** _____

WARNINGS & PRECAUTIONS

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ADDRESS

PHONE NUMBER

RX # _____ **DATE** _____

PATIENT NAME

DIRECTIONS

DRUG NAME AND STRENGTH

PRESCRIBER _____ **QTY** _____

WARNINGS & PRECAUTIONS

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DIRECTIONS

DRUG NAME AND STRENGTH

PRESCRIBER _____ **QTY** _____

WARNINGS & PRECAUTIONS

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DIRECTIONS

DRUG NAME AND STRENGTH

PRESCRIBER _____ **QTY** _____

WARNINGS & PRECAUTIONS

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PHONE NUMBER

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PATIENT NAME

DIRECTIONS

DRUG NAME AND STRENGTH

PRESCRIBER _____ **QTY** _____

WARNINGS & PRECAUTIONS

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PATIENT NAME

DIRECTIONS

DRUG NAME AND STRENGTH

PRESCRIBER _____ **QTY** _____

WARNINGS & PRECAUTIONS

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PATIENT NAME

DIRECTIONS

DRUG NAME AND STRENGTH

PRESCRIBER _____ **QTY** _____

WARNINGS & PRECAUTIONS

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ADDRESS

PHONE NUMBER

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PATIENT NAME

DIRECTIONS

DRUG NAME AND STRENGTH

PRESCRIBER _____ **QTY** _____

WARNINGS & PRECAUTIONS