Program for Recovering Nurses
3501 W Elder St., Ste. 201
Boise, Idaho 83705

Office – (208) 323-9555 Toll Free – (800) 386-1695 Cell – (208) 949-0363

An Alternative to Disciplinary Action Program offered by the Idaho Board of Nursing

YEARLY UPDATED PRESCRIPTION DRUG LIST

This form is to be filled out by any practitioner who is prescribing you medications.
The Completed form must be mailed or faxed by the practitioner's office.

____
(Printed Participant's Name)

Prescription Date	Type of Medication	Quantity and Dosage Prescribed/Number of Refills	Reason for Medication

I have been informed that this patient is involved in a monitoring program. I understand that his/her drug(s) of choice is/are: _______________________.

I have been informed that this patient is involved in a monitoring program. I understand that he/she has a mental health diagnosis of: ____.

____
Practitioner's Name (Please print)

____
Business Name (If applicable)

____
Business Address

____
Business Phone/Fax

____
Practitioner's Signature

____
Date

To protect the public safety, health and welfare while assisting nurses in their recovery and return to safe practice.