



# Ohio Board of Nursing

www.nursing.ohio.gov

17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

## PRESCRIPTION MEDICATION REPORT

As the treating practitioner, the Board of Nursing Compliance Unit requests that you please take a few moments to complete this form for current medications (prescription, over the counter, and/or herbal preparations) prescribed for this nurse. **Please submit the report directly to the Board.**

Ohio Board of Nursing  
Compliance Unit  
17 South High St., Suite 400  
Columbus, Ohio 43215-7410

Name of Nurse \_\_\_\_\_ Date: \_\_\_\_\_

| <u>Medication</u> | <u>Dose</u> | <u>#of Refills</u> | <u>Start/ End dates</u> |
|-------------------|-------------|--------------------|-------------------------|
|                   |             |                    |                         |
|                   |             |                    |                         |
|                   |             |                    |                         |
|                   |             |                    |                         |
|                   |             |                    |                         |
|                   |             |                    |                         |

For initial report only: Have you received copy of the nurse's Consent Agreement or Board Order?  
YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
Practitioner Name (print)

\_\_\_\_\_  
Practitioner Signature/ Date

(\_\_\_\_\_) \_\_\_\_\_  
Phone