

Regulations may define what constitutes a prescription, the contents and format of the prescription (including the size of the piece of paper) and how prescriptions are handled and stored by the pharmacist <sup>(3)</sup>. Although the prescription format may vary slightly from one country to another, most countries agree on the core elements that should be included in the prescription order. These are: prescriber's name, address, telephone number and signature; patient's name, address, age and weight (important at the extremes of age); prescription date; drug name, formulation, strength, dose, frequency of administration, quantity prescribed, reason for prescribing and instructions for use <sup>(4-7)</sup>.

The community pharmacists have an important role in checking prescription to ensure they are appropriate to dispense.

It is not known how often prescribing errors occur. However it is known that patients can be harmed as a result of some prescribing errors. Prescribing errors can occur as a result of:

- Inadequate knowledge of the patient and their clinical status
- Inadequate drug knowledge
- Calculation errors
- Illegible handwriting
- Drug name confusion <sup>(8)</sup>.

As good quality prescriptions are extremely important for minimizing errors in the dispensing of medications, physicians should adhere to the guidelines for prescription writing for the benefit of the patient <sup>(8)</sup>.

The aim of this study was to detect the most frequent prescription errors by physicians in private clinics in Al Ashar area of Basra city in Iraq.

The figure shows a sample prescription form with the following fields and instructions:

- Dr. Full Name, M.B.B.S., M.D.**
- Reg. No.: GMC xxxx**
- Address : Full Address, Tel No.: xxxxxxxx**
- Date : 29/8/2009**
- Patients' Name : \_\_\_\_\_ Sex \_\_\_\_\_**
- Patient's Address : \_\_\_\_\_**
- Age \_\_\_\_\_**
- Rx**
- 1. Valium 5 mg**
- 1 tab at night x 20 --- 20 tab**
- DISPENSED**
- Date : \_\_\_\_\_ Pharmacist : \_\_\_\_\_**
- Name of Pharmacy**
- City**
- Doctor's usual sign, Dated**
- Dr.'s Full name, Qual(MBBS),Reg.No**
- DO NOT REFILL (DISPENSE ONLY ONCE)**
- Prescription on a letterhead, with Doctor's full name, Qualifications, GMC Reg. No., Full address, Tel. No.**
- Date**
- Patient's Full name & address**
- Name of the drug and its potency, total quantity recommended**
- Space for Pharmacy to put a "Dispensed Stamp"**
- Usual signature of Doctor (not a scribble), & dated by Dr.**
- Rubber Stamp of Dr. with name, Qual, Reg.No.**
- To avoid refilling of prescription**

Figure 1: shows sample prescription from a private doctor, reprinted from WHO prescribing guidelines 2008