

502-429-3300
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Andy Beshear
Governor

Prescription Medication Report

The Compliance Branch of the Kentucky Board of Nursing, is currently monitoring this individual. As the treating practitioner, the Compliance Branch requests that you please take a few moments to complete this form for any and all medications (including medication samples) prescribed for this patient. Please return this completed form to the participant. Thank you for your attention to this matter.

Name of Patient: _____ **Date:** _____

Date of Prescription	Name of Medication	Dosage	Quantity Dispensed	Number of Refills	Diagnosis

The substance(s) prescribed above will not impair this patient's ability to practice nursing in a safe and effective manner as long as the prescription(s) is used as directed.

Practitioner Name (Please Print)

Practitioner Signature

Address: _____

Phone Number: _____

As a treating healthcare practitioner, you may wish to periodically access the KASPER system to request a report on this patient.

For participant use only: Please upload this completed form to the SPECTRUM COMPLIANCE/Affinity website.

- KARE for Nurses Program
- Probation/Reprimand
- Reinstatement

3/18/2008; 2/10/2015; 12/9/2015
jmc,
05/06/2021, 3/17/2022
bks