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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