Iowa Nurse Assistance Program (INAP)
400 S.W. 8th Street, Suite B
Des Moines, IA 50309-4685
Tel: (515) 725-4008 Fax: (515) 725-4017
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An Alternative to discipline program offered by the Iowa Board of Nursing

YEARLY UPDATED PRESCRIPTION DRUG LIST

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

_____

(Printed Participant's Name)

Prescription Date	Medication (dosage & frequency)	Number of refills

Practitioner's Name/Address/phone (please print)

_____

_____

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

_____

_____

Practitioner's Signature Date