PATIENT COUNSELING LOG

TO MONITOR COMPLIANCE WITH OBRA '90

Please have the patient, guardian or legal representative who has received this prescription listed below, read this statement and sign for the appropriate prescription.

The undersigned certifies (a) that the person for whom the prescription was written is eligible for benefits; (b) they have received the prescription listed; (c) that they authorized release of all information contained on this log, the prescription to which it corresponds and subsequent claim to parties concerned; (d) that they are the patient for whom this prescription is being obtained or are authorized to execute this on behalf of such person; (e) that this medication is not for an on-the-job injury or covered by any other insurance plan; (f) that they assign payment for this transaction directly to the Member Pharmacy shown below; and (g) that they received or declined medication counseling on the prescription(s) dispensed as indicated below.

DATE	Rx NUMBER	PATIENT	THIRD PARTY PROGRAM	COUNSELED		SIGNATURE of Patient, Guardian, or Legal Representative	PHARMACIST
				Yes	Refused		