

## How to Read Prescription Labels and Order Refills

*This section of the Congenital Heart Conditions notebook tells how to read prescription labels and what to do when you need a refill.*



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**UH OUTPATIENT PHARMACY**  
1959 N.E. PACIFIC STREET, SEATTLE, WA 98195  
ALLOW 48 HOURS FOR REFILL Phone: 206-598-4363

**1** Rx: **A1324450** **4** ID No: 9699999

**2** Date: 6/20/12 **5** Dr: TEST, B MCISPROV

**TEST, PATIENT A**

TAKE ONE (1) TABLET EVERY SIX (6) HOURS AS NEEDED

**3** **ASPIRIN \*\*EC\*\* 325MG TAB** **6** Y

QTY: 30 EA Discard by: 6/20/13  
Refill 0 Times RPh:JWV \$ 4.50  
06-20-1972 Orig Date: 06/13/12 2

WAP: AG: State or federal law prohibits transfer of this drug to any person other than the person for whom it is prescribed.

Sample prescription label

### Reading Prescription Labels

Match the numbers in the sample label above to the numbers in the table below.

<b>1</b>	Prescription number
<b>2</b>	Date of your original prescription
<b>3</b>	Number of refills left on your prescription
<b>4</b>	Your UWMC patient number, also called your “U number”
<b>5</b>	Doctor who prescribed the medicine
<b>6</b>	Expiration date of the drug inside the container



*Check the label on your prescription bottle to see if you are able to get refills.*

## Refills

You may have options for the number of pills in your refills, based on your insurance plan. They are usually given for 30, 60, or 90 days.

If you are close to finishing the pills in the container **and**:

- The label says you can get refills: Call your pharmacist.
- The label shows “0” refills: You must talk with your pharmacist or doctor to renew your prescription.

## When refilling your prescription:

- Allow at least 2 working days for your prescription to be filled.
- If you use an outside pharmacy, ask your pharmacy to fax a refill request to the Cardiology Clinic at 206.598.4669.
- If you use the UWMC Outpatient Pharmacy, call 206.598.4363 for your refill.
- If you need a written prescription faxed to your pharmacy, call the nurse at 206.598.0118. Please leave this information:
  - Your name
  - Your hospital ID number
  - Name of the medicine
  - Name of your pharmacy
  - Your pharmacy’s phone number

## Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Heart Institute Adult  
Congenital Heart Disease  
Program: 206.598.1764