Sample Prescriber Compounding Records Form

Updated 8/27/2026

OAC 4729:7-3-06 requires a responsible person for a compounding pharmacy to maintain records relating to the compounding of dangerous drugs. This is a sample prescriber compounding records form for compounding pharmacies to use to follow the requirements of 4729:7-3-06.

This record must be maintained for 3 years from the date of compounding, and must include the positive identification of the person responsible for compounding the drug and the person performing medication validation prior to the drug being administered.

Instructions: *Keep this form or a similar record that follows all the compounding record keeping requirements of 4729:7-3-06 for your records. This form must be made available to a Board inspector, agent, or employee upon request.*

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Prescriber Compounding Records Form

Instructions: *Keep this form or a similar record that follows all the compounding record keeping requirements of 4729:7-3-06 for your records. This form must be made available to a Board inspector, agent, or employee upon request.*

Name, strength, and dosage form of compounded drug: _____

Date and Time of Preparation	Patient Full Name	Name of ingredient	Quantity of Ingredient	Beyond-use Date	Disposition of any unused controlled substance, if applicable	Made by:	Medication validation performed by:

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