



# ETBHN

Please fill out and fax to

936-634-0500

## Incident Report

Attn: Alicia Bryan

Person Reporting:	Date of Report:
Date of Incident:	Time of Incident:
Clinic Name:	
Type of Incident:	
Medication Error <input type="checkbox"/>	Other <input type="checkbox"/>
Shipping Error <input type="checkbox"/>	
Description of Incident:	
Person who caught the error:	
Person notified of the error at the pharmacy:	
Action the pharmacy instructed you to take:	
Were you satisfied the situation was handled:	If no, Please explain