

Healthcare & pharmacy

Before your first pilot

From the field note "[E-prescription software development: printouts pharmacists can verify by QR scan](#)".

The short version

- ◇ A prescription QR should hold an unguessable link, not the prescription, and the page behind it should show only what a pharmacist needs.
- ◇ Copy doctor and patient details into each prescription at issue, with its audit event in the same transaction, so later profile edits cannot change it.
- ◇ Store dosages as structured fields and render them per language, so screen, print and the verify page always agree.
- ◇ Doctors stay only if **drug name search** finds a medicine from any fragment and the catalog keeps up with a registry that has no API.
- ◇ Keep the MVP honest: the doctor decides, there is no AI, and unchecked credentials are stored as "pending".

The checklist

- ☐ The QR holds a URL with at least 128 bits of randomness, never the prescription
- ☐ The verify page returns a fixed allowlist, and missing and revoked records look identical
- ☐ Doctor and patient details are copied in at issue, with the audit event in the same transaction
- ☐ Dosages are stored as fields, and the language is fixed at issue
- ☐ Every paper size keeps the doctor's identity, dosage, signature area and QR
- ☐ Imported catalog rows land inactive until someone reviews them
- ☐ Unverified doctor credentials show as pending everywhere, including the verify page

Want a second pair of eyes on your answers?

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