

PATIENT'S FULL NAME

PHONE NUMBER

AGE

SEX

ADDRESS

DATE OF ISSUANCE

/ /

Rx

Prescriber _____

SUBSTITUTION PERMITTED

IN ORDER FOR A BRAND NAME PRODUCT TO BE
DISPENSED, THE PRESCRIBER MUST HAND WRITE,
"BRAND NECESSARY" OR "BRAND MEDICALLY
NECESSARY" IN THE SPACE BELOW.

Refills 1 2 3 4 5 _____
 No Refills Void After _____

DEA #: _____

VALID FOR CONTROLLED SUBSTANCES