

PATIENT'S FULL NAME

PHONE NUMBER

AGE

SEX

ADDRESS

DATE

/ /

R_x

Dr: _____

In order for the prescriber to prohibit the substitution of a brand name product with a generic drug, the phrase, "**Medically Necessary**" must appear in prescriber's own handwriting.

Refills 1 2 3 4 _____

No Refills Void After _____

DEA #: _____

VALID FOR CONTROLLED SUBSTANCES