

PATIENT'S FULL NAME	PHONE NUMBER	AGE	SEX
ADDRESS		DATE	/ /

Rx

In order to require that a brand name product be dispensed, the practitioner must hand write, "Dispense As Written" or "D.A.W."

Refills 1 2 3 4 _____
 No Refills Void After _____

Dr. _____

DEA #: _____

VALID FOR CONTROLLED SUBSTANCES