

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

R<sub>x</sub>

No pharmacist shall substitute or cause to be substituted any like drug, medicine, chemical or pharmaceutical preparation without authority of the prescriber or purchaser.

Refills 1 2 3 4 \_\_\_\_\_

No Refills Void After \_\_\_\_\_

Dr. \_\_\_\_\_

DEA #: \_\_\_\_\_

**VALID FOR CONTROLLED SUBSTANCES**