

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

Rx

A generically equivalent drug product may be dispensed unless the practitioner handwrites the words, "**Brand Necessary**" or "**Brand Medically Necessary**" on the face of the prescription.

Refills 1 2 3 4 _____
 No Refills Void After _____

Dr. _____

DEA #: _____

**VALID FOR CONTROLLED SUBSTANCES
IN SCHEDULES III, IV AND V**