

PATIENT'S FULL NAME

PHONE NUMBER

AGE

SEX

ADDRESS

DATE OF ISSUANCE

Rx

This prescription may be filled with a generically equivalent drug product unless the words, "**Brand Medically Necessary**" are written, in the practitioner's own handwriting, on this prescription form.

Quantity: 1-24 25-49 50-74 75-100 101-150 151 and over

Refills NR 1 2 3 4 5 _____

Practitioner: _____

Void After _____

DEA #: _____

Prescription is VOID if more than one (1) controlled substance prescription is written per blank.

VALID FOR CONTROLLED SUBSTANCES