

PATIENT'S FULL NAME

SEX

DATE OF BIRTH

ADDRESS

DATE

**Rx**

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

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

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

PRESCRIBER'S SIGNATURE \_\_\_\_\_

NPI #: \_\_\_\_\_

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

**VALID FOR CONTROLLED SUBSTANCES**