

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

Rx

A prescriber may prohibit the selection of an equivalent drug product by handwriting on the prescription "**Brand Medically Necessary.**"

Refills    1    2    3    4    \_\_\_\_\_  
 No Refills    Void After    \_\_\_\_\_

Practitioner: \_\_\_\_\_

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

**VALID FOR CONTROLLED SUBSTANCES**