

# <ABC Teaching Hospital>

<AW1234567>- <00000>- <00000>

Patient Name \_\_\_\_\_ Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex M   
F

Address \_\_\_\_\_ Primary Insurer \_\_\_\_\_

# Rx

### Quantity

Check box

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

Units \_\_\_\_\_

### Refills

- 1  2
- 3  4
- 5  NR



Serial # TDX000X00000

# X

DATE \_\_\_\_\_

DO NOT SUBSTITUTE  
 WORKER'S COMP

Prescription is void if the number of drugs prescribed is not noted.  1

RXSP133  
SP05

- <Long Doctor's Name #1, M.D.> • NPI: <1231232121> • DEA: <XX1234567-12345> • CA Lic: <XX12345>
- <Long Doctor's Name #2, M.D.> • NPI: <1231232121> • DEA: <XX1234567-12345> • CA Lic: <XX12345>
- <Long Doctor's Name #3, M.D.> • NPI: <1231232121> • DEA: <XX1234567-12345> • CA Lic: <XX12345>
- <Address #1 123456 Long Street Name, Suite 12345> • <Large City Name, CA 12345> • <123-123-1234>
- <Address #2 123456 Long Street Name, Suite 12345> • <Large City Name, CA 12345> • <123-123-1234>
- <Address #3 123456 Long Street Name, Suite 12345> • <Large City Name, CA 12345> • <123-123-1234>