

<ABC Teaching Hospital>

<AW1234567>- <00000> <00000>

Patient Name

Phone

D.O.B.

Sex M
F

Address

Primary Insurer

Rx	Initial Quantity	Initial Quantity	# of Refills	Refill Quantity	Refill Quantity
#1 <input type="checkbox"/> Do Not Substitute <input type="checkbox"/> Worker's Comp		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> NR		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____
#2 <input type="checkbox"/> Do Not Substitute <input type="checkbox"/> Worker's Comp		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> NR		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____
#3 <input type="checkbox"/> Do Not Substitute <input type="checkbox"/> Worker's Comp		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> NR		<input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151 and over Units _____

X

DATE _____

RXSP433
SP05

Prescription is void if the number of drugs prescribed is not noted. 1 2 3

- <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>



Serial # TD0000X00000