

PATIENT'S FULL NAME

SEX

DATE OF BIRTH

ADDRESS

DATE

**Rx**

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

SUBSTITUTION PERMISSIBLE

In order for a brand name product to be dispensed, prescriber must hand write "Brand Necessary" or "Brand Medically Necessary" in the space provided.

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

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

**VALID FOR CONTROLLED SUBSTANCES**