

IF MORE THAN ONE PRACTITIONER, PLEASE CIRCLE PRACTITIONER'S NAME

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

Rx

*Brand Only – Non-Medicaid Patients*

Medicaid patients are allowed drug product selection unless indicated in the prescriber's own handwriting on the face of the prescription or drug order "Brand, Medically Necessary". For non-Medicaid patients a brand must be dispensed only if the prescriber has indicated Brand Only by checking the appropriate box on the face of the prescription.

*Refills* 1 2 3 4 5

*No Refills* Void after \_\_\_\_\_

Practitioner's Signature

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

**VALID FOR CONTROLLED SUBSTANCES**