



Name _____

Address _____ Date _____

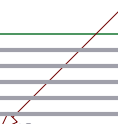
- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Refill NR 1 2 3 4 5

Prescription is void if more than one (1) prescription is written per blank.

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK

AWM on back of paper



Kentucky Security Prescription	Kentucky Security Prescription
Prescription	Kentucky Security Prescription
Kentucky Security Prescription	Kentucky Security Prescription
Prescription	Kentucky Security Prescription
Kentucky Security Prescription	Kentucky Security Prescription