

PATIENT'S FULL NAME

PHONE NUMBER

AGE

SEX

ADDRESS

DATE

/ /

R<sub>x</sub>

In order for the prescriber to prohibit the substitution of a brand name product with a generic drug, the phrase, "**No Drug Product Selection**" or the notation, "**N.D.P.S.**" must appear in prescriber's own handwriting.

Refills 1 2 3 4 \_\_\_\_\_

No Refills Void After \_\_\_\_\_

Dr. \_\_\_\_\_

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

VALID FOR CONTROLLED SUBSTANCES